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APPLICATION FOR REGISTRATION AS AN ACCREDITED CHECKER

THE REGISTRAR
 ENGINEERS BOARD OF KENYA
 P. O. BOX 30324-00100
NAIROBI

All information to be Printed in English.

Surname

Other Names

Title (Eng., Dr., Mr., Mrs., Miss)

Birth Date Gender Male Female

Any form of disability No Yes (Specify).....

Nationality

Postal Address Telephone

Email Address

Academic Qualifications

Discipline

Date of registration as a Consulting Engineer.

Name of Current Employer and Address.....

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EDUCATION:

School or University	Location	From	To	Diploma/Degree Received	Month and Year

Note:- The application must be accompanied by two coloured Passport Size Photos, certified copies of the original Diploma/Degree Certificate, Engineers Board of Kenya Certificate, Corporate Member IEK and a copy of the National ID/Card or Passport all duly certified by a Commissioner of Oaths whose names and address are fully displayed on the Rubber Stamp.

SPECIAL QUALIFICATIONS:

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MEMBERSHIP OF ENGINEERING INSTITUTION:

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EXPERIENCE:

I submit below my experience in a chronological order including the name and address of each employer and description of projects carried out. *(A separate sheet may be used if necessary)*. This should be certified by one of the referees named below.

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REFERENCE:

I append the names and addresses of three Consulting Engineers, to whom reference may be made regarding my experience and character.

1.
2.
3.

An applicant’s supervisor should be listed as one of the referees. The Referees must be Registered with the Board as Professional Consulting Engineers with current valid annual licences.

Payments to be made through CHEQUES, BANKERS CHEQUES, OR DEPOSITS TO NATIONAL BANK OF KENYA A/C NO. 01001031539000 HILL PLAZA BRANCH, NAIROBI AND ORIGINAL SLIP SENT TO THE BOARD.

1. I attach my application fee of Kshs. 25,000 payable to the Engineers Board of Kenya which I understand is not refundable.
2. I hereby declare that the foregoing statements are true in every respect and that I have read the Engineers Act, 2011 and understood that, if registered as an accredited checker, I shall be bound thereby and by any amendments thereto so long as my name remains on the Register of Accredited Checkers.

Signature of applicant

Date.....

For office Use only. Deposit receipt No Date of Registration

Registration Number Candidate notification date