



**THE KENYA ENGINEERING TECHNOLOGY REGISTRATION BOARD**  
Haile Selassie Avenue, P. O. Box 37046, Nairobi, 00200,  
Tel: +254 740 137 877: E-mail:kengtrb@gmail.com: Website:www.ketrb.go.ke

**APPLICATION FORM FOR REGISTRATION AS CONSULTING ENGINEERING  
TECHNOLOGIST**

**THE REGISTRAR**

**KENYA ENGINEERING TECHNOLOGY REGISTRATION BOARD  
P.O. Box 37046-00200, NAIROBI**

*All information to be printed in the English language*

Surname .....

Other Names .....

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

Date of Birth ..... Gender: Male [ ] Female [ ]

Nationality: .....

Postal Address: ..... Code: ..... Town: .....

Mobile Phone No: ..... Email: .....

Academic qualifications (Starting with the highest to the lowest):

1. ....
2. ....
3. ....
4. ....
5. ....

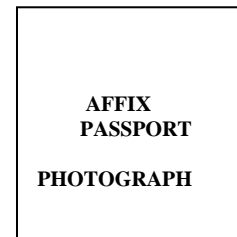
Field of Specialization ... ..

Area of Consultancy Specialization: .....

Date of registration as Professional Engineering Technologist: .....

Name and address of your employer: .....

.....



**EDUCATION:**

<b>Institutions Attended</b>	<b>From (Yr.)</b>	<b>To (Yr.)</b>	<b>Qualifications Obtained</b>	<b>Month and Year</b>

**TRAININGS/WORKSHOPS/SEMINARS:**

1. ....
2. ....
3. ....
4. ....

**MEMBERSHIP OF PROFESSIONAL SOCIETY OR ASSOCIATION:**

<b>S/No</b>	<b>Name of Society</b>	<b>Registration Number</b>

**EXPERIENCE:**

I submit below a chronological history of my practical experience including the name and address of each company and description of each position held. This should be certified by one of the referees named below. *(A separate sheet may be used if necessary).*

<b>S/No</b>	<b>Company Name</b>	<b>Designation</b>	<b>Responsibilities</b>	<b>Contact Person &amp; Address</b>


**REFERENCE:**

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

**An applicant’s supervisor should be listed as one of the referees.**

S/No	Name	Institution	Registration Number	Contact Address/Email

**NB: Persons named as referees MUST be Consulting Engineering Technologists and with a valid Annual License.**

Payments should be deposited to **Kenya Commercial Bank Account No. 1204751641** Haile Selassie Avenue Branch, **NAIROBI** and Account *name Kenya Engineering Technology Registration Board* or **Mpesa KCB Paybill No. 841250, Account No. [Your Name]. The ORIGINAL SLIP or TRANSACTION NUMBER should be sent to the Board.**

1. I attach the original bank pay-in slip (transaction number) of **KES 5,000/= (US Dollars 100 for foreigners)** application fee of which I understand is not refundable.
2. I hereby certify that the foregoing statements are true and correct and that I have read the Engineering Technology Act, 2016 and the regulations and understand that, if registered, I shall be bound thereby and by any amendments thereto so long as my name remains on the Register for Consulting Engineering Technologists.

Signature: ..... Date: .....

**NOTE:** *This application form must be accompanied by two coloured Passport Size Photos, copies of the original Certificates 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. Candidates from Foreign Institutions should attach certified copies of the transcripts, address/email address of the university and the contact person.*

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**For office use only:**

Deposit receipt No .....

Registration Number..... Date of Registration .....

Applicant Notification Date .....

**Name of Officer:**..... **Title:**.....