

#### **APPLICATION FOR REGISTRATION UNDER THE ENGINEERING ASSOCIATES ACT 1961**



Your Details To prev	ent rework and delay pleas	30 430 1116 1431631	Family	at reduct to coll	Piece (1113 1011	NEW ZEALAND
Names:			Namé:			
Primary Email:			Primary Phone:		Date of Birth:	
econdary Email:			Secondary Phone:		Job Title:	
Address Line 1:		Address Line 1:				Registration Pa
Address Line 2:		Address Line 1: Address Line 2:				
Address Line 1: Address Line 2: City or Region: Country:	Post Code:	<b>5</b> City or Region:			Post ode:	↓ Synopsis □
Country:		Country:				attached:
ull-Time Secondary Educ	ation	F	ecent CV/resume attached	e Certii I: passpor	fied copy of o t or birth cert	drivers license or tificate attached:
chool	Location:		Country:		From	То
Name:	Location:		Country:		Date: From	Date: To
Name:					Date:	Date: To
Name:	Location:		Country:		Date:	Date:
Technical Education Provider					From	То
Name:	Location:		Country:		Date:	Date:
Provider Name:	Location:		Country:		From Date:	To Date:
rovider Name:	Location:		Country:		From Date:	To Date:
Provider Name:	Location:		Country:		From Date:	To Date:
Technical Qualification(s)	Held					Attached
ualification Name and Subject(s):					Year Obtained:	Certified Copy:
ualification Name and Subject(s):					Year Obtained:	Certified Copy:
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and Subject(s): Basic Engineering Training	1				Obtained:	Copy:
Apprenticeship,	,			From	To	Evidence
adetship or Other: Work History #1				_ Date:	Date:	Attached:
mployer's		Prim	nary			From
Name: Position(s)		Locat	ponsible to			Date: To
Held:		(Nam	ė & Position):			Date:
List ngineering work that ou did and clearly identify work you were esponsible for:						
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s this work being claimed	and verified \	Responsible Time Years:	Claimed: Months:	Verifier's	ory Verifier D	retalls:
o meet the work history red Verifier's	differments:	erifier's	onais.	Role:	Verifier's	s
Given Name:		Name:		Pł	none Number	

Work Histo	ory #2		Form 2: P	age 2 of 2 pages			20250318 EARB Form 2
Employer's Name:				Primary cocation:			From Date:
Position(s)				Responsible to			То
Held:				(Name & Position):			Date:
List engineering							
work that you did and							
clearly							
work you							
were responsible							
for:		Yes 1	No Responsible	Time Claimed:	Mark H	istory Verifier Detai	lo
Is this worl	k being claimed and verified		Years:	Months:	Verifier's	;	15.
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Given Name			Family Name:			Phone Number:	
Work Histo	ory #3			D:			] =
Employer's Name:			1	Primary ocation:			From Date:
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List engineering work that you did and clearly identify work you were responsible for:							
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Given Name:			Family Name:			Phone Number:	
	Referees Providing Reference		our Good Characte	r (cannot be a family m	ember)	0	
Given Name:	Fai Na	mily me:		Occupation:		Contact Phone Number:	
Given Name:		mily me:		Occupation:		Contact Phone Number:	
	Declaration (To be made in f		Justice of the Peace	, solicitor or another pers	son authorised		eclaration)
					of	,	
		s	olemnly and sincer	ely declare that the info		ve provided is true a	and
and Note: WI	and you write must be twee	с	orrect.				
1 -	nat you write must be true. solemn declaration conscientiou:					ons Act 1957.	
I .	not complete the following	-	_	-			
			-				
Your signa	ature:	_	Signature of Witness:		tamp of vitness:		
Declared		Date:	Before				
at:	l .		me:				

#### **CONFIRMATION OF WORK EXPERIENCE**

## Appendix #1: Send to Verifier



Supporting	an Application for Registration u	nder the Engin	eering Associates	S Act from:		<b>→ (</b>
Applicant						NEW ZEALAND
Given Names:			Family Name:			
Applicant's	Work History Being Verified:					
Employer's	Tronk indexty being vermed.		Primary			From
Name: [ Position(s) [			Location: Responsible	e to		_  Date:
Held: [			(Name & Position	on):		Date:
Engineering work the applicant claims to have done and/or to have been responsible for:						
Thank you for 1. Review t 2. Check y 3. Provide 4. Complet 5. Immedia Your assistan	s for Person Confirming the Work assisting with this application. Please he work history information provided a purpose of the work history information provided a purpose of the work history are correct (you may any comments or additional information, sign and date this declaration (below tely email the completed declaration to be with this work history verification is the Person Confirming this Work E.	: above <u>without al</u> y update these a in that would ass w). o: registrar@eng greatly apprecia	tering it. s required). sist in assessing the a		provided (below).	
Verifier's Given Name:	•	Verifier's Family Name:		-	Verifier's Phone Number:	
Verifier's		Verifier's			Organisation/	
(Optional) Additional comments that may be useful in assessing the application:		Role/Position:			Company: _	
Non-Statu	tory Declaration (witness not requi	red)				
1				of		
and	S	olemnly and si	ncerely declare tha	at the Work Summary	provided by the app	plicant
is: is	not: a true and reasonable su	mmary of the v	work they have und	dertaken and the resp	onsibility they have	held.
Your signa	ure:	Date:				

### **CONFIRMATION OF WORK EXPERIENCE**

## Appendix #2: Send to Verifier



Supporting an Applica	ation for Registration under the Engineering Associa	tes Act from:	<b>* * (</b> )
Applicant			NEW ZEALAND
Given Names:	Family Name	y	
Applicant's Work Histo			
Employer's Name:	Primary Location:		From Date:
Position(s)	Responsit	ole to	То
Held:	(Name & Pos	ition):	Date:
Engineering			
work the applicant			
claims to have done			
and/or to			
have been responsible			
for:			
	- C - C - C - C - C - C - C - C - C - C		
	on Confirming the Work Experience (above) rith this application. Please:		
<ol> <li>Review the work hist</li> </ol>	tory information provided above without altering it.		
Check you details (b)     Provide any commer	pelow) are correct (you may update these as required). nts or additional information that would assist in assessing th	ne application in the space provided (below	<i>ı</i> ).
4. Complete, sign and o	date this declaration (below). ne completed declaration to: registrar@engineering-associat		
	work history verification is greatly appreciated.	es.org.nz	
Details of the Person C	Confirming this Work Experience		
Verifier's Given Name:	Verifier's Family Name:	Verifier Phone Numbe	r's
Verifier's	Verifier's	Organisatio	on/
Email:	Role/Position:	Compan	ıy:
(Optional) Additional			
comments that may be			
useful in assessing			
the			
application:			
Non-Statutory Decla	aration (witness not required)		
		of	
	colomply and sincarely declare	that the Work Summary provided by th	
and			
is: is not: a	ntrue and reasonable summary of the work they have u	ındertaken and the responsibility they	have held.
		$\neg$	
Your signature:	Date:		

### **CONFIRMATION OF WORK EXPERIENCE**

## Appendix #3: Send to Verifier



Supporting	g an Application for Registration under the Engineering Associates Act from:	
Applicant		NEW ZEALAND
Given Names:	Family Name:	
- "		
Applicant's Employer's	s Work History Being Verified:  Primary	From
Name:	Location:	Date:
Position(s) [ Held:	Responsible to (Name & Position):	To Date:
Engineering work the applicant claims to have done and/or to have been responsible for:		
Thank you for 1. Review to 2. Check your 3. Provide 4. Complet 5. Immedia Your assistan	ns for Person Confirming the Work Experience (above) or assisting with this application. Please: the work history information provided above without altering it. you details (below) are correct (you may update these as required). e any comments or additional information that would assist in assessing the application in the space provided (below). ete, sign and date this declaration (below). iately email the completed declaration to: registrar@engineering-associates.org.nz ince with this work history verification is greatly appreciated.	
Details of the Verifier's	the Person Confirming this Work Experience  Verifier's Verifier's	
Given Name:	: Family Name: Phone Number:	
Verifier's Email:		
(Optional) Additional comments that may be useful in assessing the application:		
Non-State	cutory Declaration (witness not required)	
	of	
and	solemnly and sincerely declare that the Work Summary provided by the appli	licant
is: is	a true and reasonable summary of the work they have undertaken and the responsibility they have h	
Your signa	ature: Date:	

### **CONFIRMATION OF WORK EXPERIENCE**

# Appendix #4: Send to Verifier



Supporting Applicant	an Application for Registration under the Engineering Associates Act from:	NEW ZEALAND
Given Names:	Family Name:	
Employer's	s Work History Being Verified: Primary	From
Name:   Position(s)	Location: Responsible to	Date: To
Held: [	(Name & Position):	Date:
Engineering		
work the applicant claims to have done and/or to have been responsible for:		
Thank you for 1. Review to 2. Check y 3. Provide 4. Complet 5. Immedia	Is for Person Confirming the Work Experience (above)  r assisting with this application. Please: the work history information provided above without altering it.  rou details (below) are correct (you may update these as required). any comments or additional information that would assist in assessing the application in the space provided (below).  te, sign and date this declaration (below).  ately email the completed declaration to: registrar@engineering-associates.org.nz  acce with this work history verification is greatly appreciated.	
	he Person Confirming this Work Experience	
Verifier's Given Name:	Verifier's Family Name: Verifier's Phone Number:	
Verifier's Email:		
(Optional) Additional comments that may be useful in assessing the		
application:		
Non-Stati	utory Declaration (witness not required)	
1	of of	
and	solemnly and sincerely declare that the Work Summary provided by the appl	icant
is: is	not: a true and reasonable summary of the work they have undertaken and the responsibility they have h	ıeld.
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