

ENGINEERING ASSOCIATES REGISTRATION BOARD

APPLICATION FOR REGISTRATION UNDER THE ENGINEERING ASSOCIATES ACT 1961



Page 1 of
2 pages



Note: What you write must be true. You can be prosecuted if you make a false declaration.

Your Details

To prevent rework and delay please use the latest version of Acrobat Reader to complete this form.

Given Names:		Family Name:			
Primary Email:		Primary Phone:		Date of Birth:	
Secondary Email:		Secondary Phone:		Job Title:	
Primary Address	Address Line 1:		Billing Address	Address Line 1:	
	Address Line 2:			Address Line 2:	
	City or Region:			Post Code:	
	Country:			Country:	

Registration Path

(b)	(c)
<input type="checkbox"/>	<input type="checkbox"/>

Synopsis attached: ☐

Recent CV/resume attached: ☐ Certified copy of drivers license or passport or birth certificate attached: ☐

Full-Time Secondary Education

School Name:		Location:		Country:		From Date:		To Date:	
School Name:		Location:		Country:		From Date:		To Date:	
School Name:		Location:		Country:		From Date:		To Date:	

Technical Education

Provider Name:		Location:		Country:		From Date:		To Date:	
Provider Name:		Location:		Country:		From Date:		To Date:	
Provider Name:		Location:		Country:		From Date:		To Date:	
Provider Name:		Location:		Country:		From Date:		To Date:	

Technical Qualification(s) Held

Qualification Name and Subject(s):		Year Obtained:		Attached:	
Qualification Name and Subject(s):		Year Obtained:		Certified Copy:	<input type="checkbox"/>
Qualification Name and Subject(s):		Year Obtained:		Certified Copy:	<input type="checkbox"/>
Qualification Name and Subject(s):		Year Obtained:		Certified Copy:	<input type="checkbox"/>

Basic Engineering Training

Apprenticeship, Cadetship or Other:		From Date:		To Date:		Evidence Attached:	<input type="checkbox"/>
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Work History #1

Employer's Name:		Primary Location:		From Date:	
Position(s) Held:		Responsible to (Name & Position):		To Date:	

List engineering work that you did and clearly identify work you were responsible for:

Is this work being claimed and verified to meet the work history requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Responsible Time Claimed:	Years: <input type="text"/>	Months: <input type="text"/>	Work History Verifier Details:	Verifier's Role: <input type="text"/>
Verifier's Given Name:			Verifier's Family Name:			Verifier's Phone Number:	<input type="text"/>

Work History #2

Form 2: Page 2 of 2 pages

20250318 EARB Form 2

Employer's Name:	Primary Location:	From Date:
Position(s) Held:	Responsible to (Name & Position):	To Date:
<p>List engineering work that you did and clearly identify work you were responsible for:</p>		

Is this work being claimed and verified to meet the work history requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible Time Claimed: Years: <input type="text"/> Months: <input type="text"/>	Work History Verifier Details: Verifier's Role: <input type="text"/>
Verifier's Given Name: <input type="text"/>	Verifier's Family Name: <input type="text"/>	Verifier's Phone Number: <input type="text"/>

Work History #3

Employer's Name:	Primary Location:	From Date:
Position(s) Held:	Responsible to (Name & Position):	To Date:
<p>List engineering work that you did and clearly identify work you were responsible for:</p>		

Is this work being claimed and verified to meet the work history requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible Time Claimed: Years: <input type="text"/> Months: <input type="text"/>	Work History Verifier Details: Verifier's Role: <input type="text"/>
Verifier's Given Name: <input type="text"/>	Verifier's Family Name: <input type="text"/>	Verifier's Phone Number: <input type="text"/>

Work History #4

Employer's Name:	Primary Location:	From Date:
Position(s) Held:	Responsible to (Name & Position):	To Date:
<p>List engineering work that you did and clearly identify work you were responsible for:</p>		

Is this work being claimed and verified to meet the work history requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible Time Claimed: Years: <input type="text"/> Months: <input type="text"/>	Work History Verifier Details: Verifier's Role: <input type="text"/>
Verifier's Given Name: <input type="text"/>	Verifier's Family Name: <input type="text"/>	Verifier's Phone Number: <input type="text"/>

Details of Referees Providing References of Your Good Character (cannot be a family member)

Given Name:	Family Name:	Occupation:	Contact Phone Number:
Given Name:	Family Name:	Occupation:	Contact Phone Number:

Statutory Declaration (To be made in front of a Justice of the Peace, solicitor or another person authorised to take a statutory declaration)

I of
 and solemnly and sincerely declare that the information I have provided is true and correct.

Note: What you write must be true. You can be prosecuted if you make a false declaration.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Note: Do not complete the following section until you are with the person witnessing your declaration:

Your signature:	Signature of Witness:	Stamp of witness:
Declared at: <input type="text"/>	Date: <input type="text"/>	Before me: <input type="text"/>

ENGINEERING ASSOCIATES REGISTRATION BOARD

CONFIRMATION OF WORK EXPERIENCE

Appendix #1: Send to Verifier



Supporting an Application for Registration under the Engineering Associates Act from:

Applicant

Given Names: Family Name:

Applicant's Work History Being Verified:

Employer's Name: Primary Location: From 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:

Instructions for Person Confirming the Work Experience (above)

Thank you for assisting with this application. Please:

1. Review the work history information provided above without altering it.
2. Check you details (below) are correct (you may update these as required).
3. Provide any comments or additional information that would assist in assessing the application in the space provided (below).
4. Complete, sign and date this declaration (below).
5. Immediately email the completed declaration to: registrar@engineering-associates.org.nz

Your assistance with this work history verification is greatly appreciated.

Details of the Person Confirming this Work Experience

Verifier's Given Name: Verifier's Family Name: Verifier's Phone Number:
Verifier's Email: Verifier's Role/Position: Organisation/Company:

(Optional)
Additional comments that may be useful in assessing the application:

Non-Statutory Declaration (witness not required)

I of
and solemnly and sincerely declare that the Work Summary provided by the applicant
is: ☐ is not: ☐ a true and reasonable summary of the work they have undertaken and the responsibility they have held.

Your signature: Date:

ENGINEERING ASSOCIATES REGISTRATION BOARD

CONFIRMATION OF WORK EXPERIENCE

Appendix #2: Send to Verifier



Supporting an Application for Registration under the Engineering Associates Act from:

Applicant

Given Names: Family Name:

Applicant's Work History Being Verified:

Employer's Name: Primary Location: From 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:

Instructions for Person Confirming the Work Experience (above)

Thank you for assisting with this application. Please:

1. Review the work history information provided above without altering it.
2. Check you details (below) are correct (you may update these as required).
3. Provide any comments or additional information that would assist in assessing the application in the space provided (below).
4. Complete, sign and date this declaration (below).
5. Immediately email the completed declaration to: registrar@engineering-associates.org.nz

Your assistance with this work history verification is greatly appreciated.

Details of the Person Confirming this Work Experience

Verifier's Given Name: Verifier's Family Name: Verifier's Phone Number:
Verifier's Email: Verifier's Role/Position: Organisation/Company:

(Optional) Additional comments that may be useful in assessing the application:

Non-Statutory Declaration (witness not required)

I of
and solemnly and sincerely declare that the Work Summary provided by the applicant
is: ☐ is not: ☐ a true and reasonable summary of the work they have undertaken and the responsibility they have held.

Your signature: Date:

ENGINEERING ASSOCIATES REGISTRATION BOARD

CONFIRMATION OF WORK EXPERIENCE

Appendix #3: Send to Verifier



Supporting an Application for Registration under the Engineering Associates Act from:

Applicant

Given Names: Family Name:

Applicant's Work History Being Verified:

Employer's Name: Primary Location: From 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:

Instructions for Person Confirming the Work Experience (above)

Thank you for assisting with this application. Please:

1. Review the work history information provided above without altering it.
2. Check you details (below) are correct (you may update these as required).
3. Provide any comments or additional information that would assist in assessing the application in the space provided (below).
4. Complete, sign and date this declaration (below).
5. Immediately email the completed declaration to: registrar@engineering-associates.org.nz

Your assistance with this work history verification is greatly appreciated.

Details of the Person Confirming this Work Experience

Verifier's Given Name: Verifier's Family Name: Verifier's Phone Number:
Verifier's Email: Verifier's Role/Position: Organisation/Company:

(Optional) Additional comments that may be useful in assessing the application:

Non-Statutory Declaration (witness not required)

I of
and solemnly and sincerely declare that the Work Summary provided by the applicant
is: ☐ is not: ☐ a true and reasonable summary of the work they have undertaken and the responsibility they have held.

Your signature: Date:

ENGINEERING ASSOCIATES REGISTRATION BOARD

CONFIRMATION OF WORK EXPERIENCE

Appendix #4: Send to Verifier



Supporting an Application for Registration under the Engineering Associates Act from:

Applicant

Given Names: Family Name:

Applicant's Work History Being Verified:

Employer's Name: Primary Location: From 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:

Instructions for Person Confirming the Work Experience (above)

Thank you for assisting with this application. Please:

1. Review the work history information provided above without altering it.
2. Check you details (below) are correct (you may update these as required).
3. Provide any comments or additional information that would assist in assessing the application in the space provided (below).
4. Complete, sign and date this declaration (below).
5. Immediately email the completed declaration to: registrar@engineering-associates.org.nz

Your assistance with this work history verification is greatly appreciated.

Details of the Person Confirming this Work Experience

Verifier's Given Name: Verifier's Family Name: Verifier's Phone Number:
Verifier's Email: Verifier's Role/Position: Organisation/Company:

(Optional) Additional comments that may be useful in assessing the application:

Non-Statutory Declaration (witness not required)

I of
and solemnly and sincerely declare that the Work Summary provided by the applicant
is: ☐ is not: ☐ a true and reasonable summary of the work they have undertaken and the responsibility they have held.

Your signature: Date: