



# CONFIRMATION OF WORK EXPERIENCE

**To:** The Registrar  
Engineering Associates Registration Board  
P O Box 12-011  
Thorndon  
Wellington 6144  
New Zealand

Dear Sir/Madam,

**Supporting an Application for Registration under the Engineering Associates Act 1961 from:**

Mr/Mrs/Miss/Ms \_\_\_\_\_  
(applicant should enter own name)

In **support** of the application for registration, I certify and confirm the above applicant's experience, responsibility and competency on the work as stated in the **\*attached copy** of the applicant's Work

History for the period from \_\_\_\_\_ to \_\_\_\_\_  
(applicant should enter period to be confirmed) (month & year for both start & finish)

The following comments about the applicant may assist the Board in considering this application:

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(Continue on back of sheet or attach additional sheets if necessary)

## **\* ATTACH WORK EXPERIENCE HISTORY \***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Signatory \_\_\_\_\_ Designation \_\_\_\_\_

Name of Organisation \_\_\_\_\_

Address \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

### **Notes**

- ↪ Applicant should enter own name and period to be confirmed, & attach the relevant part of the Work History to this form, for signatory's confirmation.
- ↪ This form, together with the relevant period of the Work History, to be mailed by the signatory directly to:
- ↪ **The Registrar, EARB, P O Box 12-011, Thorndon, Wellington 6144, New Zealand.**
- ↪ Any information supplied or comment made on this form is treated as **IN-CONFIDENCE** to the Engineering Associates Registration Board.

