



CERTIFICATE OF PRACTICE
KDP 133/1997 [REGULATION 3]

A. APPLICANT'S DETAILS	
First Name	.....
Surname	.....
ID No	.....
Field related to application	.....
	Architecture or Civil Engineering (select one)
B. DETAILS OF SUPERVISOR¹	
First Name	.....
Surname	.....
Engineering Field ² &	.....
Registration Number ³	.....
Company /Organization	.....
Address	.....
Telephone Number	.....
Company /Organization Web Address	.....
C. DETAILS OF PRACTICE	
Duration of practice ⁴	FROM: TO:
Details of applicant's responsibilities	
Give details related to:	
1. the projects that the applicant was involved	...............

¹ Mention professional relation between supervisor and applicant

² Architecture or Civil Engineering

³ If practice was carried out abroad and the supervisor is not a member of ETEK mention respective body and registration number

⁴ If the period of practice is less than 1 year attach additional certificates

⁵2. applicant's responsibilities

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3. Education/ Experience in laws and regulations related to the practice of the engineering profession such as:

- Health and Safety
- Streets and Buildings
- Planning
- Contract/ procurement
- Other Technical Legislation

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⁵Attach additional sheets for further details

SUPERVISOR'S COMMENTS⁶

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D. SUPERVISOR'S DECLARATION

I confirm that the applicant has worked during the abovementioned period under my regular supervision & guidance

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Signature & Stamp

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Date

E. APPLICANT'S DECLARATION

I confirm that all details above are true and accurate. I understand that any inaccuracy or omission could cause my removal from the Chamber's Registry of Members

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Signature & Stamp

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Date

⁶ Attach additional sheets for further details