## **ENGINEERING ASSOCIATES REGISTRATION BOARD**

## APPLICATION FOR 'REAcap' VALIDATION

10:	P O Box 12 011, Thorndon Wellington 6144, New Zealand
1 .	Name (as it appears on certificate of registration)
of	Full postal address including post code
email a	address: email address (alternate)
Engir	neering Associate Certificate of Registration No: Dated:
Regis	stered Engineering Discipline:
	make my first application for my continuing engineering competency to be validated under the REAcap e administered by the Engineering Associates Registration Board and declare that:
(a) (b) (c) (d)	<ul> <li>affect my REA credential or responsibilities under the Engineering Associates Act 1961.</li> <li>I observe the Code of Ethics for REAs as issued by the Engineering Associates Registration Board.</li> <li>I acknowledge that the defined term of the REAcap validation will remain current provided my Engineering Associate Registration is current and I will return the REAcap certificate/card if my validation is cancelled.</li> <li>Enclosed are the following documents for assessment by the Board:</li> <li>A schedule of the Occupational Knowledge Development I have undertaken.</li> <li>My Work History (C.V.) describing my engineering work experience subsequent to my initia Engineering Associate Registration &amp; fully describing my engineering responsibility over this period.</li> <li>Names &amp; contacts of persons who can confirm the experience described in the Work History (C.V.).</li> </ul>
Enclos	ed is the requisite REAcap application fee (including GST) together with its remittance advice.
applica	are and certify that the above details and the information contained in the documents enclosed with this ation for REAcap validation, describing my personal occupational knowledge development, engineering experience and responsibility for the specified period, are true and correct.
Signat	ure of Applicant Dated:

<sup>&</sup>lt;sup>1</sup> REAcap - REA competency assessed practitioner