

PROCUREMENT AND SUPPLIES PROFESSIONALS AND TECHNICIANS BOARD

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P.O. Box 2663,
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E-mail: info@psptb.go.tz

**Applicant's
Photo**

FORM FOR POSTAGE OF REGISTRATION CERTIFICATE
(To be filled by the applicant and send to PSPTB Executive Director)

1.0 PROFESSIONALS DETAILS:

Name of the applicant:
Address:
Mobile No: Email address
Registration No: Category of Registration: Date of Registration:

2.0 REQUEST OF CERTIFICATE:

I..... hereby request my registration certificate to be posted through the following address:

Signature: Date:

3.0 POSTAGE CHARGES AND REQUIREMENTS

- (a) The applicant is required to pay **TShs. 25,000** as postage and administrative costs,
- (b) For payments please call **+255 737 157 312 to obtain Control Number** and for Registration Certificate enquiry call number **+255 738 441 971** during office working hours, and attach pay slip as evidence of the payment made.
- (c) Attach copy of identification documents such as Passport, National ID, Voters ID or driving license
- (d) Scan those documents, and send to professionals@psptb.go.tz

4.0 DECLARATION:

I,....., declare that, I am solely responsible for the safe delivery of the certificate to be posted to the above address and shall not hold the PSPTB responsible in a manner whatsoever in the case of its loss, damage or destruction theft or otherwise in the course of its delivery by the mode indicated here above. I further, declare that, the Board shall not stand obligated to re-issue any replacement certificate.

Declared on this..... day of20.....Signature:.....

**Certificates are posted only to upcountry registered Professional/Technicians through EMS services who for various reasons cannot collect their certificates personally, otherwise professionals/technicians are required to collect their certificates personally at PSPTB offices.*

For any clarification you may contact 0738 441971

5.0 FOR OFFICIAL USE ONLY

- (a) All necessary fee paid yes/no.....
- (b) Approval by DPD.....
- (c) Issued by Signature..... Date.....