

THE UNITED REPUBLIC OF TANZANIA MINISTRY OF LABOUR AND EMPLOYMENT OCCUPATIONAL SAFETY AND HEALTH AUTHORITY



APPLICATION FORM FOR REGISTRATION OF BUILDING OPERATIONS OR WORKS OF

ENGENEERING CONSTRUCTION

(Made under Section 17(1) of the Act No. 5 of 2003)

A. For Official Use Only

Appl.Form verified by.	Registration No.	
Registration fee to be paid	File	
Certificate prepared by	S.B register	
Certificate approved by	C. Index	

В.	3. To be Filled by the Contractor or Authorised Po	erson						
1.	Name of the							
	1.1 Client							
	1.2 Contractor							
	1.3 Consultant							
2.	Please tick ($$) one.							
	2.1. State whether the main Contractor	or Subcontractor						
	If it's the Subcontractor give the name of the main Contractor							
	2.2. Type : B C E M SPB SP	C SPE SPM						
	(Legend: B=Building, C=Civil Works, E=Electrical, M=Mechanical, SP=Specialist in B, C, E, or M)							
	2.3 Class:							
	2.4 The Client Building permit number							
3.	The address of the registered office (in case of business):							
	Plot NoP	O Box						
	Block No							
	Street/Village	ob						
		lFax						
	Region E-	mail						
4.	Location where operations/ work are carried on:							
	Plot No	istrict						
	BlockR	egion						

Mob.....

Street/village.....

		Men						
		Women						
		Under 18	3					
		Total						
6.7.8.	Contract period	re of commenceme						te.
		Items			Ye	s	No	
		i. Power/ener	gy eg. electric	city				
		ii. Scaffold	<u> </u>					
		iii. Crane						
		iv. Hoist						
		v. Air Receiv	ers or Compre	essors				
9.	Nature of opera	Construction Maintenance Demolition State other:	Industrial building	Comn	ere approp	Dy	welling ver 3 store	ey
	Contract sum of	f the whole project	undertaking.					
				(N (· A41	J D.	4	-l 4h-4 4- 4h- h4 -f
my	knowledge, all the	he facts stated in th	is application	for registrat	ion of a w	orkpla	ace are tru	clare that, to the best of the and correct. The second se
Sec wer	re not occupied of sending to the C	or used by him at thief Inspector a w	the commence ritten notice o	ement of this containing th	s Act he shae particul	nall ap ars se	oply for to t out in t	workplace or premises which the registration such premises the First Schedule to the Act. of Inspector. When necessary

Number of employees

5. Total number of persons employed or intended to be employed in the workplace:

Labour Office.

the completed application form may be submitted to the Chief Inspector through OSHA Zonal Office or Area