



**ASEAN CHARTERED PROFESSIONAL ENGINEER**

Republic of the Philippines

**APPLICATION FORM**

*Professional Regulatory Board of \_\_\_\_\_*

1. First Name \_\_\_\_\_ Surname \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Age \_\_\_\_\_  
 Gender \_\_\_\_\_  
 Civil Status \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
 Nationality \_\_\_\_\_  
 Taxpayer's Identification No. \_\_\_\_\_  
 SSS/GSIS No. \_\_\_\_\_

2. Home Address \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Tel./Fax \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

3. Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Tel./Fax \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

4. Education (Attach all Diplomas, Certificates and Transcript of Records)

Baccalaureate	_____	School	_____	Year	_____
Post Baccalaureate	_____	School	_____	Year	_____
Doctoral	_____	School	_____	Year	_____
Post Doctoral	_____	School	_____	Year	_____

5. PRC Registration No. \_\_\_\_\_  
 Issued on \_\_\_\_\_  
 Valid Until \_\_\_\_\_

6. Professional Tax Receipt No. \_\_\_\_\_  
 Issued on \_\_\_\_\_  
 Issued at \_\_\_\_\_

7. Specialized Training relevant to the Field of Expertise  
 Title of Training \_\_\_\_\_  
 Institution and Address \_\_\_\_\_ Year \_\_\_\_\_

8. Professional Practice

Item No.	Inclusive Dates	Company / Job Description	Project Name / Description of Works

9. Continuing Professional Development Credit Units

Title of CPE \_\_\_\_\_  
Name of accredited Provider \_\_\_\_\_  
Address of Provider \_\_\_\_\_  
Inclusive Date/s \_\_\_\_\_  
Credit Unit/s \_\_\_\_\_

Self Directed CPE \_\_\_\_\_  
Particular/s \_\_\_\_\_  
Credit Unit/s \_\_\_\_\_  
Inclusive Date/s \_\_\_\_\_  
Total Credit Units Earned \_\_\_\_\_

10. Certificate of Good Standing

Accredited Professional Organization (APO) \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Place of Issue \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge. I further authorize the Professional Regulation Commission (PRC) to validate and/ or investigate the authenticity of all the documents presented.

I declare that I have not submitted any other application to the Monitoring Committees of any other ASEAN Member State for registration as ACPE.

\_\_\_\_\_  
Applicant's Signature  
Date \_\_\_\_\_

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For Official Use Only  
Date of Official Meeting \_\_\_\_\_  
Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Expertise / Specialization \_\_\_\_\_ Remarks \_\_\_\_\_  
ACPE Registration No. \_\_\_\_\_ Date of Notice to Applicant \_\_\_\_\_  
Registration Fee Receipt No. \_\_\_\_\_  
Amount \_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Cashier's Signature