



# MATERIALS ENGINEERING CERTIFICATION BOARD (MatECB)

## FORM 1: APPLICATION FOR CERTIFIED MATERIALS ENGINEER

**Data Privacy Consent:** I understand and agree that by filling out this form, I am granting consent to the Materials Engineering Certification Board to use, share, and process my personal information for my application for Certified Materials Engineer; also, to store it as long as necessary for the fulfillment of the stated purpose and following applicable laws, including the Data Privacy Act of 2012 and its Implementing Rules and Regulations.

### Instructions:

1. Fill out this form carefully as a draft. Online application form will be made available through Google Forms.
2. Attach a 2x2 size current picture in white background on the top right-hand corner of this form.
3. Only application forms properly and completely accomplished and submitted with the needed requirements will be processed by MatECB.

\_\_\_ **First timer**                      **Name of Examination:** \_\_\_\_\_

\_\_\_ **Repeater**                      **Date of Examination:** \_\_\_\_\_

\_\_\_ **Exemption from Certification Examination**

**APPLICANT'S CHECKLIST**

\_\_\_ APPLICATION FORM

\_\_\_ CERTIFICATION FROM IMEP AS AN ACTIVE MEMBER OF THE ORGANIZATION

\_\_\_ COPY OF UNDERGRADUATE DIPLOMA (CERTIFIED TRUE COPY) with indication therein of date of graduation;

\_\_\_ Transcript of records with indication therein of date of graduation and Special Order

Number unless it is not required;

\_\_\_ NBI Clearance

Application No.

(to be filled-out by MatE CB)

**PART I- PERSONAL INFORMATION**

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

MAIDEN SURNAME (for married female only) \_\_\_\_\_

PERMANENT MAILING ADDRESS \_\_\_\_\_

GENDER \_\_\_ MALE \_\_\_ FEMALE

CITIZENSHIP \_\_\_ FILIPINO \_\_\_ OTHERS \_\_\_\_\_

CONTACT NUMBERS (landline and Mobile) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CIVIL STATUS \_\_\_ SINGLE \_\_\_ MARRIED \_\_\_ WIDOW/ER \_\_\_ OTHERS \_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_



**PART II- EDUCATIONAL INFORMATION**

Academic Level	Degree/Title Conferred	University/College/Address	Dates Attended:
Undergraduate			
Graduate – BS			
Graduate – Masteral			
Graduate - Doctoral			

**PROFESSIONAL EXPERIENCE**

*(Use additional sheet if necessary following the table format presented here)*

Inclusive Date	Name/Address of the Company or Organization	Nature of Work	Positions Held

**REFERENCES**

NAME	POSITION	ADDRESS	CONTACT NUMBER

I HEREBY CERTIFY that the information and/or statements in this application including the supporting documents submitted in support thereof are all true and correct to my own knowledge, and that I am fully aware that any false information or statement in this application or in its attachments shall render me liable for criminal prosecution and/or administrative sanction.

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SIGNATURE OF THE APPLICANT

**Important:** Credentials filed in support of this application become the property of the Materials Engineering Certification Board and will not be returned to the applicant.

**Payment Instruction:** *There is no fee needed for this application. However, you shall be required of a PhP 1500 for CMatE or PhP 2000 for PMatE once evaluated to be qualified that must be deposited to the IMEP Account for MatECB with details to be provided along with the notification of your qualification for recognition.*

**Submission of Documents:** *Submit scanned copy of the requirements and other supporting documents to [MatECB.Phil@gmail.com](mailto:MatECB.Phil@gmail.com) with **SUBJECT TITLE: Application for CMatE Recognition – FIRST NAME, MIDDLE INITIALS, FAMILY NAME**. You will receive an email from MatECB for instructions to submit hardcopy of the requirements.*