

FORM MVR 15R
[REGULATION 35 (4)]
FEDERAL REPUBLIC OF NIGERIA
Application for National Driver's License
(To be filled in triplicate)

ANNEXTURE
"1"



APPLICANT'S
RECENT PASSPORT
PHOTOGRAPH SIZE
30 X 25mm

CLASS OF LICENSE APPLIED FOR e.g. A,B,C, (OTHER NAMES)

ISSUING STATE LOCAL GOVERNMENT

SURNAME

NAME OF APPLICANT

FIRST NAME

HOME/OFFICE
CONTACT ADDRESS

PHONE

(INCLUDE P.O. BOX NO. IF AVAILABLE)

YOU ARE REQUIRED BY LAW TO NOTIFY THIS OFFICE OF ANY CHANGE IN THIS ADDRESS

PREVIOUS LICENCE

STATE PARTICULARS OF LICENSE TO BE RENEWED/REPLACED

NUMBER CLASS

DATE OF ISSUE EXPIRY DATE

ISSUE STATE ISSUING LOCAL GOVERNMENT

HAVE YOU EVER BEEN DISQUALIFIED FROM DRIVING YES/NO

IF YES, WHY

NO OF LICENSES UTILIZED OR EXHAUSTED BEFORE CURRENT APPLICATION (NO OF ISSUES)

PERSONAL DATA

SEX: FEMALE/MALE DATE OF BIRTH

HEIGHT: M cm. DO YOU HAVE ANY FACIAL MARKS? YES/NO

GIVE YOUR BLOOD GROUP (e.g. A+, 0, ETC)

DO YOU REQUIRE GLASSES FOR DRIVING? YES/NO

ANY FORM OF DISABILITIES? IF YES, EXPLAIN

DECLARATION

I declare that the information provided in this application is true and binding on me. I will notify the appropriate authorities for any change theorem.

Continued

TESTING OFFICER'S SIGNATURE.....

AUTHORIZING OFFICER'S SIGNATURE..... APPLICANT'S SIGNATURE