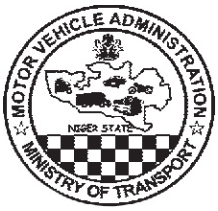
FEDERAL REPUBLIC OF NIGERIA
APPLICATION FORM FOR NEW DRIVING LICENSE



SERIAL NO:.....

IMPORTANT INFORMATION:

USE THIS FORM TO APPLY FOR MOTORCYCLE, TRICYCLE & VEHICLE LICENSE. COMPLETE THIS FORM IN CAPITAL LETTERS USING BLACK INK. ALL PAYMENT FOR DRIVING LICENSE SHOULD BE MADE BY THE APPLICANT TO DESIGNATED BANK.

LAST NAME:

FIRST NAME:

OTHER NAMES:

MAIDEN NAME:

DATE OF BIRTH (YYYY-MM-DD): PLACE OF BIRTH:

COUNTRY OF BIRTH: STATE OF RESIDENCE:

ADDRESS LINE 1:

ADDRESS LINE 2:

LGA: GENDER: Male: Female: BLOOD GROUP:

GENOTYPE: HEIGHT (M OR FT): EYE GLASSES: EYE COLOR: HAIR COLOR:

PHONE: EMAIL ADDRESS:

NEXT OF KIN:

NEXT OF KIN ADDRESS:

NEXT OF KIN PHONE:

MEDICAL DECLARATION

Have you ever had, or do you currently suffer from, any medical condition that you have not previously told us about? Please read through the list below careful, if you have not suffered, or do not currently suffer from any of these conditions, please do not tick the relevant check box.

☐	Epilepsy
☐	Repeated attacks of sudden disabling giddiness
☐	Diabetes controlled by tablets
☐	Angina (heart pain) which is easily brought on by driving
☐	Persistent alcohol misuse or dependency
☐	Parkinson's disease
☐	Stroke, with any symptoms lasting longer than one month, recurrent 'mini-strokes' or TIAS
☐	Any other chronic neurological condition
☐	Severe learning disability
☐	Any condition affection both eyes, or the remaining eye if you only have one eye (not including colour blindness or short or long sight)
☐	Any condition affection your visual field
☐	Fits or blackouts
☐	Diabetes controlled by insulin
☐	An implanted cardiac pacemaker
☐	An implanted cardiac defibrillator (ICD)
☐	Persistent drug misuse or dependency
☐	Narcolepsy or sleep apnoea syndrome
☐	Any type of brain surgery, severe head injury involving impatient treatment, or brain tumour
☐	A serious problem with memory or periods of confusion
☐	Total loss of sight in one eye
☐	Serious psychiatric illness or mental ill health
☐	Any persisting limb problem which needs driving to be restricted to certain types of vehicles or those with adapted controls

PROOFS OF IDENTITY

GENERAL REQUIREMENTS TO PROVE YOUR IDENTITY

The Niger State Department for Motor Vehicle Administration will not issue Leaner's Permit, Provisional Driving License or Driving License if you do not provide any of the following Proof of Identities:

* National Photo Driver License/Leaner Permit/Non-Driver ID Card. Must be Current or not expired for more than two (2) years.
* Affidavit by a Parent or Legal Guardian signed in the presence of a Vehicle Inspection Officer.
* Nigeria Passport, International Traveling Passport.
* National Identity Card, Law Enforcement Agencies Identity Cards or Employment Identity Card.
* Foreign Passport with valid stamp or with statement on the visa.

NOTE:

Your Passport Photograph must be endorsed by notary public.

NAME:.....

OCCUPATION:.....

SIGNATURE:.....

DATE:.....

APPLICANT'S RECENT PASSPORT PHOTOGRAPH SIZE 30 X 25mm

DECLARATION

☐ I, hereby declare that the information provided in this application is true and binding on me. I will notify the appropriate authorities of any change therein.

Applicant's Signature