



APPLICATION FORM FOR CAR STICKER

Important Information!

This form, when duly completed, must be submitted to the Head of Unit, Transport Office, Works & Services Department, LASU, Ojo .Please attach two (2) copies of the vehicle particulars on submission (sighting of the Original copy is essential).

A. PERSONAL DATA

1. NAME (*Surname First*):
2. SEX: BLOOD GROUP (*if known*):
3. RESIDENTIAL ADDRESS:
4. FACULTY:
5. DEPARTMENT:
6. UNIT:
7. STAFF IDENTIFICATION NUMBER (*Please attach a photocopy of your ID-Card*)
.....
8. CATEGORY OF STAFF (*Academic or Non-Academic*):
9. STUDEN MATRICULATION NUMBER (*Please attach a photocopy of your ID-Card*)
.....
10. COURSE: LEVEL:
11. NAME AND ADDRESS OF VEHICLE OWNER IF DIFFERENCE FROM **A1** ABOVE
.....
12. E-MAIL ADDRESS:
13. PHONE NUMBER(S):
14. YOUR RELATIONSHIP WITH THE OWNER:

B. PARTICULARS OF VEHICLE INVOLVED

1. VEHICLE TYPE: MODEL:
2. VEHICLE COLOUR: VEHICLE LICENCE No.:
3. INSURANCE POLICY No.: ENGINE No.:
4. VEHICLE CHASIS No.:
5. APPLICANT'S SIGNATURE:
6. APPLICATION SUBMISSION DATE & TIME:
7. COMMENTS AND SIGNATURE OF THE CHECKING OFFICER (*Car Particulars are in Order OR Not in Order*):

C. FOR OFFICE USE ONLY

1. NAME OF CHECKING OFFICER:
2. REMARK OF THE CHECKING OFFICER (*Recommended OR Not Recommended*):
3. VEHICLE STICKER No. ISSUED:
4. NAME OF ISSUING/APPROVING OFFICER:
5. REMARK OF APPROVING OFFICER (*Approved OR Not Approved*):
6. SIGNATURE/DATE/TIME OF ISSUANCE:
7. VEHICLE STICKER No. ISSUED:
8. SIGNATURE OF ISSUING OFFICER AND DATE: