



**Application for CABLING PERMIT
(FORM AP.02/CABL)**



FORM AP.02/CABL

Payment Receipt No:

Date:

Application for Permit: **CABLING**

(Application to be submitted in duplicate).

1. Contact Information:

1.1 Name of Authorized Representative _____

1.2 Address (Not Postal) _____

1.3 Telephone & fax Numbers _____

2. Corporate Profile:

2.1 Registered Name of Company _____

2.2 Registration Number _____

2.3 Date of Incorporation/Registration _____

**Attach copy of Certificate of Incorporation/Registration, Memorandum & Articles of Association, and Tax Clearance Certificate.*

2.4 Address (Head Office) _____

2.5 Telephone & fax Numbers _____

3. Permit Category/Type of undertaking:

Indicate your desired Permit category, viz.

Category A: Cabling works within premises only *(for individual technicians)*.

Category B: Cabling works within premises and estates *(for companies)*.

Category C: Major cabling works, including external line plant installation.

4 Technical Qualifications, Specialisation and Experience:

Technical competence is required to undertake Cabling services. Indicate technical qualification, area of specialisation and experience possessed, viz.

4.1 Qualification(s):

- (a) Council of Registered Engineers of Nigeria (COREN)
- (b) Member of the Nigerian Society of Engineers
- (c) B. SC. Engineering or equivalent
- (d) Ordinary National Diploma (OND)
- (e) NCE (Technical)
- (f) Approved Trade Test (Technical)
- (g) Others (Specify)

4.2 Area of Specialisation:

- (a) Electrical/Electronics/Telecommunications.....
- (b) Computer Engineering
- (c) Physics/Applied Physics
- (d) Others (Specify)

** Attach copies of relevant Certificates.*

4.3 Experience:

Years of Experience _____

Record of Experience (i) _____

(ii) _____

(iii) _____

(iv) _____

5. Number of Employees: (Actual and/or Proposed) _____

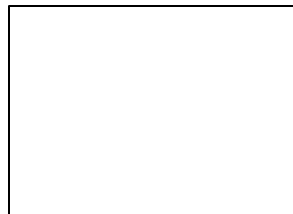
6. Undertaking:

I/We _____ hereby certify that the information supplied in this application form is true in all respects and I/We hereby give undertaking that upon grant of the Permit, I/We shall abide by the terms and conditions upon which the Permit is granted. I/We accept that my/our Permit may be revoked and the appropriate penalty applied if it is established that I/We have been granted Permit based on incorrect information.

Signed _____

Date _____

Certified Passport Photographs (3 copies) of authorised representative.



7. ***For official use only***

7.1 Licence Check:

- | | Y | N |
|---|--------------------------|--------------------------|
| (a) Any previous Licence/Permit? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Any Licence/Permit previously denied/revoked? | <input type="checkbox"/> | <input type="checkbox"/> |

7.2 Confirmation/Verification Of Contact Information:

- | | <u>Authenticated?</u> | |
|---|--------------------------|--------------------------|
| | Y | N |
| (a) Address | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Telephone/fax Numbers | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Company ownership | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Company registration/incorporation status | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Qualification (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Experience (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |

7.3 Remarks/Recommendation:

SIGNATURE

DATE