



**Application for REPAIRS & MAINTENANCE PERMIT
(FORM AP.02/R&M)**



FORM AP.02/R&M

Payment Receipt No:

Date:

Application for Permit: REPAIRS & MAINTENANCE.
(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/Nature of service:

Indicate your desired Permit category, viz.

Category A: For Individuals and registered business enterprises operating small workshops.

Category B: For companies operating medium maintenance and repairs workshops.

Category C: For companies undertaking repairs and maintenance of major/comprehensive systems, networks and equipment.

4. Qualifications, Specialisation and Experience of Technical Staff:

Technical competence is required to undertake Repairs and Maintenance of telecommunications facilities. 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 (2 copies) of authorised representative.



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

7.1 Licence/Permit Check:

- (a) Any previous Licence/Permit? **Y** **N**
- (b) Any Licence/Permit previously denied/revoked? **Y** **N**

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