

**FEDERAL ROAD SAFETY CORPS
NATIONAL HEADQUARTERS,
P. M. B. 125, ABUJA**

PUBLIC ANNOUNCEMENT

**DOCUMENTATION OF VEHICLES WITH SIRENS, FLASHERS
AND BEACON LIGHTS AND AMBULANCES NATIONWIDE**

In line with the mandate of the Federal Road Safety Corps as enshrined in Section 10 (3p) of the Federal Road Safety Commission (Establishment) Act, 2007, the Corps is embarking on documentation of all vehicles with sirens flashers and beacon lights as well as ambulances nationwide.

The documentation of such vehicles will form a part of the requirements for qualification of such vehicles for the newly introduced "CONVOY/ SECURITY NUMBER PLATES" across the country.

All those that have vehicles with sirens, flashers and beacon lights and those operating ambulances are to collect the documentation form in any of the Federal Road Safety Corps offices nationwide or download same (form RSCONV 1) on the FRSC website www.frsc.gov.ng, or simply complete the form below.

All completed forms should be returned to the nearest FRSC command on or before 21st October, 2011. Non compliance will attract impoundment of such vehicles and prosecution of the operators from the 1st of November, 2011.

For further details, contact:

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FEDERAL ROAD SAFETY CORPS

DOCUMENTATION OF VEHICLES WITH SIREN, FLASHERS AND BEACON LIGHTS AND AMBULANCES

(In line with Section 10(3p) of the Federal Road Safety Commission (Establishment) Act, 2007)

***PLEASE COMPLETE ONE FORM FOR EACH VEHICLE**

A. VEHICLE DETAILS

- (i) VEHICLE REGISTRATION NO:
- (ii) VEHICLE TYPE/MAKE (e.g. Hilux Pick Up):
- (iii) ENGINE NO:
- (iv) CHASIS NO:
- (v) INSURER:
- (vi) COLOUR OF VEHICLE:
- (vii) DATE OF VEHICLE REGISTRATION:
(Attach copy of current vehicle licence)
- (viii) USE OF VEHICLE (e.g. Escort/Bullion Van/Ambulance services):
- (ix) Any write up or inscription on the vehicle? Yes/No:
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- (x) WHAT INSCRIPTION?

B. OWNERS/OPERATORS DETAILS

- (i) Type of ownership (e.g. Private/ Government):
- (ii) Owner/operator's Name (E.g. Anambra state Government, Zenith Bank, Figaro Security Ltd, KC Hospital or Chief Charles):

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(Security Company or Non-Governmental Hospitals should
attach a copy of Certificate of incorporation).

(iii) **ADDRESS:**

(iv) **TELEPHONE NO(s):**

(v) **E-MAIL ADDRESS:**

C. DRIVERS' DETAILS:

(i) DRIVER'S NAME:	(i) DRIVER'S NAME:
(ii) CLASS OF LICENCE:	(ii) CLASS OF LICENCE:
(iii) DRIVER'S LICENCE NO:	(iii) DRIVER'S LICENCE NO:
(iv) ISSUING STATE:	(iii) ISSUING STATE:
(v) ISSUING DATE:	(iv) ISSUING DATE:
(vi) EXPIRY DATE:	(vi) EXPIRY DATE:

D. OTHERS

(i) **OPERATING STATE(S):**

(ii) **MAJOR ROUTES:** (a) (b)
(c) (d)
(e) (f)

(iii) **ANY POLICE OR SECURITY DETAILS ATTACHED TO THE
VEHICLE? YES/NO:**

(iv) **IF YES, GIVE DETAILS:**
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E. ENDORSEMENT

I hereby certify that the information I have given is correct to the best of my ability

NAME:
DESIGNATION:
SIGNATURE:
DATE:
OFFICIAL STAMP:

OFFICIAL

ACTION TAKEN:
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.....
.....

NAME:
RANK: **PIN:** **COMMAND:**
SIGNATURE: **DATE:**