



GHANA TECHNOLOGY UNIVERSITY COLLEGE

STAFF VEHICLE REGISTRATION FORM

A. PERSONAL DETAILS –APPLICANT

Name:.....

Staff No. :..... Grade/Position:.....

Faculty/Department:.....

B. PARTICULARS OF VEHICLE / CAR

Registration No:.....

Make:.....

DOCUMENTS ATTACHED

Licensing Form C

Licensing Form A

Roadworthy Certificate

Driving License

Insurance Certificate

Signature of Applicant: Date:.....

C. VERIFICATION – HR DEPARTMENT

Date of inspection of vehicle:.....

Registration no:.....Make:..... Colour:

Status of Vehicle: Roadworthy Not Roadworthy

Do you recommend the application to be approved?

a. Yes

b. No

Justification/Reason for recommending or not recommending

Name of Officer.....Signature:..... Date.....

D. APPROVAL-PRESIDENT/ VICE PRESIDENT/REGISTRAR

a. Approved

b. Not Approved

Justification/Reason for recommending or not recommending

Name of Officer.....Signature:..... Date.....