Restricted

FEDERAL ROAD SAFETY CORPS

NATIONAL HEADQUARTERS, ZONE 3, WUSE DISTRICT, ABUJA

ADMIN AND HUMAN RESOURCES DEPARTMENT

FRSC/HQ/AHR/175/VOL.I/3 19 June, 2020

See distribution

DRIVERS AND RIDERS RE-VALIDATION

Ref: A: FRSC/HQ/CMO/530/VOL.XIX/69 dated 5TH June 2020

The quoted reference is in respect of the above subject.

2. The Corps Marshal has approved the use of the attached revalidation form as a means of revalidating all drivers and riders in the corps.

3. The form is to be completed by every driver and rider in the Corps while the attached monthly nominal roll template is for submission of monthly information on drivers and riders by all formations in the Corps.

4. Sector commands are to collate for unit commands, out posts, Zebras and RTC clinics under them and forward to Zone. While Zonal commands should add the forms filled by drivers and riders directly under them and forward to the DCM (AHR)

5. The revalidation form is to be filled and forwarded urgently not later than 26th of June, 2020.

6. Commanding Officers are to ensure compliance as non-compliance will attract appropriate sanctions on them.

8. Thank you.

DCM Ojeme I Ewhrudjakpor, *fdc, NPOM*
Deputy Corps Marshal (Admin and Human Resources)
For: Corps Marshal

Restricted

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FEDERAL ROAD SAFETY CORPS

DRIVER AND RIDER RE-VALIDATION FORM

PART 1: PERSONAL DATA

Full Name_____

Rank_____

PIN_____

Command_____

Phone Number_____

FRSC Official e-mail_____

Date of Birth_____ Age_____

PART 2: DETAILS OF LICENCE

Driver Licence No [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Class [ ] Issuing State [ ][ ][ ]

Issue Date [ ][ ][ ][ ][ ][ ] dd mm yy

Expiry Date [ ][ ][ ][ ][ ][ ] dd mm yy

I_____hereby declare that the above information about me is true.

Driver's/Rider's Signature_____ Date_____

PART 3: COMMAND

I hereby confirm that the above mentioned Marshal Driver/Rider is fit/qualified to drive.

Commander's Name _____ Rank_____

Signature_____ Date_____

PART 4: VERIFICATION (CTSO)

I hereby confirm that the above mentioned Driver/Rider has been cleared, based on his practical performance and possession of relevant documents (Valid NDL and Trade Test Certificates is hereby recommended for re-certification.

Commanding Officer's Name_____ Rank_____

Signature _____ Date_____

PART 5: FINAL CLEARANCE BY AHR

I hereby certify that the above mentioned Driver/Rider is cleared, based on the attestation of the Command and the CTSO.

Officer's Name_____ Rank_____Appointment_____

Signature_____ Date_____

FEDERAL ROAD SAFETY CORPS

ADMIN AND HUMAN RESOURCES DEPARTMENT RSHQ

MARSHALS DRIVERS/RIDERS MONTHLY NOMINAL ROLL TEMPLATE

S/N	NAME (IN FULL & SURNAME FIRST)	PIN	RANK	DOB	DATE OF LAST PROMOTION	COMMAND	SCHEDULE [DRIVER/ RIDER]	DRIVERS LICENCE NUMBER	QUALIFICATION	SEX	OFFICIAL e-mail ADDRESS	STATE OF ORIGIN	TELEPHONE NO	NOK PHONE N0	REMARKS
1															
2															
3															
4															
5															
6															
7															
8															
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18															
19															
20															

Prepared by:	Signature:.....	Date:.....
Checked by:	Signature:.....	Date:.....
Authorized by:	Signature:.....	Date:.....