

DECLARATION

I hereby apply for employment in the TRACE Agency. I declare that all the information given in this form is true and verifiable. Upon being discovered to have submitted any false information, I agree to be prosecuted in the Court of Law. I also agree to abide by the Agency's policies, rules and regulations, and promise to promote the interest of the Agency wherever I am posted to.

Name.....

Signature.....

Date:.....

Office Use Only

Registration Date:

Proof of Address Seen Yes No
Birth Certificate Seen Yes No
Other Certificate Seen Yes No
Medical Report Submitted Yes No
Guarantors Verified Yes No



OGUN STATE TRAFFIC COMPLIANCE AND ENFORCEMENT AGENCY (TRACE)

GUARANTOR'S DECLARATION FORM

I (full names of guarantor), of
.....(Residential address) at
.....(Guarantor's position) Tel. No:..... do hereby certify that I
know.....(Applicant's name) who hails from.....
in..... Local Government Area of State and with full confidence, I agree to
stand as his guarantor.

I promise that.....(APPLICANT'S NAME) will be responsible and reliable. I
agree to be prosecuted in any court of law in the event of any criminal offence that he might commit directly or
indirectly, and such that would implicate the TRACE Agency consequent upon his/her negligence. I undertake to
produce him/her in case he/she absconds with the Corps' property.

Guarantor's Signature

Applicant's signature

Dated this..... Day of, 20.....

APPLICANT'S
PASSPORT

GUARANTOR'S
PASSPORT



**OGUN STATE TRAFFIC COMPLIANCE AND ENFORCEMENT AGENCY
(TRACE)**

THIS FORM IS FREE AND NOT FOR SALE!

TRACE RECRUITMENT FORM

GUARANTORS' FORM

Guarantors should please note that ANY FALSE information about the applicant would make them culpable and liable before the law:

Applicant's Name.....

TRADITIONAL RULER

..... am the Traditional Ruler of the above-mentioned applicant who wishes to be selected as a member of the TRACE Agency. I know him/her personally and I found him/her suitable to be selected for the Agency. I can attest to his/her good conduct and character. Therefore, I recommend the applicant for selection and I should be held liable if the applicant is found wanting in character or others.

Signature/Date/Stamp



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Applicant's Name.....

EXECUTIVE CHAIRMAN OF LOCAL GOVERNMENT AREA

I, Honorable..... of the above-named applicant's Local Government Area who wishes to be selected as a member of the TRACE Agency hereby affirm that I know him/her personally, and I found him/her suitable to be selected for employment with the Agency. Furthermore, I attest to his/her good conduct and character, and consequently recommend the applicant for selection. I undertake to be held liable if the applicant is found wanting in character or other vices.

Signature/Date/Stamp



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MEDICAL FORM

Tests **MUST** be conducted in Ogun State Government Hospitals **ONLY**

Applicant's Name.....

Do you have any special family history of anger, psychiatric disorder and cancer? Yes No

Please mention others not stated above:

.....

The following tests were conducted on the above- named applicant by me the undersigned laboratory scientist

(Please Tick)

1. Hepatitis
2. Random Blood Sugar
3. Blood Pressure
4. PVC
5. Tuberculosis (TB)
6. Others

I, DR..... of.....

..... State Hospital have examined the above-named applicant and found him/her fit to be recruited into the TRACE Agency.

Signature/Date/Stamp



OGUN STATE TRAFFIC COMPLIANCE AND ENFORCEMENT AGENCY (TRACE)

THIS FORM IS FREE AND NOT FOR SALE! TRACE RECRUITMENT FORM OATH DECLARATION

I,..... Adult, (Male/Female), (Muslim/Christian), Nigerian ofdo hereby solemnly make the oath and declare as follows:

1. That I hereinafter referred to as the ("Applicant ") of is applying with my full knowledge and consent to be selected as a member of Ogun State Traffic Compliance and Enforcement Agency (TRACE).
2. That I will be responsible for any loss suffered by Ogun State Traffic Compliance and Enforcement Agency (TRACE) arising from any malpractice, theft, conspiracy, negligence committed by me in the course of my service as a member of Ogun State Traffic Compliance and Enforcement Agency (TRACE).
3. That in the event of the above paragraph, I voluntarily accept to take responsibility for all charges and expenses incurred in the process of such loss.
4. That this affidavit is now needed for record purpose and information to the Authority concerned.

AND THAT I make this oath in good faith believing same to be true and correct in accordance with the Statutory Declaration Laws of Ogun State of Nigeria 2006.

JURAT

The foregoing having been first read and interpreted to the parties in Yoruba and when they seem well to understand same before affixing their signature/thumb impression thereto:

Signature & Date

Right Thumbprint

.....
Sworn to the High Court Registrar

Thisday of2025.

.....
Deponent

BEFORE ME:

.....
COMMISSIONER OF OATHS