

**MINISTRY OF ROADS AND HIGHWAYS**

**APPLICATION FORM FOR THE RENEWAL OF CONTRACTORS’ LICENSE FOR ROAD AND BRIDGE WORKS**

**RENEWAL FORM**

**MAY 2021**

**MINISTRY OF ROADS AND HIGHWAYS**

**APPLICATION FORM FOR THE RENEWAL OF CONTRACTORS’ LICENSE FOR ROAD AND BRIDGE WORKS.**

COMPANY’S BACKGROUND INFORMATION

1. NAME OF COMPANY:…………………………………………………………….
2. CERTIFICATE NO: …………………………………………………………………
3. CURRENT CLASS ………………………………………………………………….
4. DATE OF ISSUE……….. ……………………………………………………………
5. EXPIRY DATE OF CERTIFICATE………………………………………………….
6. LOCATION OF COMPANY: …………………………………………………………
7. PHYSICAL ADDRESS ………………………………………………………………
8. POSTAL ADDRESS: ……………………………………………………………………..
9. TELEPHONE NOS. (OFFICE): ………………………… (MOBILE) ……….……........
10. E-MAIL ADDRESS: …………………………………………………………….............

**REQUIREMENTS**

SUBMISSION OF:

1. APPLICATION LETTER
2. ORIGINAL AND VALID SSNIT CLEARANCE CERTIFICATE
3. ORIGINAL AND VALID TAX CLEARANCE CERTIFICATE
4. ORIGINAL MRH CLASSIFICATION CERTIFICATE
5. COPY OF CERTIFICATE OF INCORPORATION
6. CERTIFICATE TO COMMENCE BUSINESS
7. COPY OF RECEIPT FOR PAYMENT OF RENEWAL FORM
8. EVIDENCE OF PROJECTS EXECUTED SUCH AS (COPIES OF AWARD LETTERS, INTERIM PAYMENT CERTIFICATE, ETC.)
9. NAME OF PERSON SUBMITTING THE APPLICATION ………………….…………………….
10. POSITION IN COMPANY ………………………………………………..
11. SIGNATURE ……………………………………………………………..

COMPANY STAMP OR SEAL DATE……………………………………..

**NB**;

1. APPLICATION FOR RENEWAL SHOULD BE SUBMITTED AT LEAST **TWO MONTHS** BEFOR**E** THE EXPIRY OF THE CONTRACTOR'S CURRENT LICENSE.
2. APPLICATION FOR RENEWAL WITH SUPPORTING DOCUMENTS SHOULD BE ADDRESSED TO THE CHIEF DIRECTOR, MINISTRY OF ROADS AND HIGHWAYS, ACCRA.

**DECLARATION**

I declare that the above particulars are true to the best of my knowledge and belief, and I understand that, if any false or deliberately misleading information has been given my application may be disqualified.

I agree that the Ministry of Roads and Highways may make any enquiries considered necessary to confirm the information provided in this Application.

NAME:

SIGNATURE:

POSITION IN FIRM:

DATE:

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| FOR OFFICIAL USE ONLY  DO NOT WRITE IN THIS SECTION  ORIGINALS OF CERTIFICATE SUBMITTED: …………………………………  VERIFICATION: …………………………….......  SSNIT: ……………………………………………..  GRA: ………………………………………………..  PPA: ……………………………………………….  MRH: ……………………………………………….    RECOMMEND FOR APPROVAL (YES/NO) SIGNED    DATE: |