



# **OGSAA FORM 0111**

## **OGUN STATE SIGNAGE & ADVERTISEMENTS AGENCY (OGSAA)**

### **FIRST PARTY SIGNS APPLICATION FORM**

Email address: [ogsaaonline@gmail.com](mailto:ogsaaonline@gmail.com) phone: 08145870317, 07035629662, 09052292900

Address: plot 7, Joseph Ewuosho Road, off OGBC Road, G.R.A, Ibara, Abeokuta, Ogun State.

The undersigned hereby apply for erection of sign(s) within Ogun State in accordance with the particulars given below.

- ❖ Business Name.....
- ❖ Business Category : small scale  medium scale  large scale
- ❖ Business type: (e.g) Barbing salon, Wine shop e.t.c .....
- ❖ Location/Address: .....
- ❖ Premise type : Private property  shopping complex  public/government building
- ❖ Tenement Duration: .....
- ❖ Are there other sign which currently adorn the premise? .....
- ❖ Are the signs located on the premise or off the premise? Specify if both .....
- ❖ What is the size (in feet) of the sign being applied for? .....
- ❖ What is the quantity (nos.) of the sign being applied for? .....
- ❖ What type of sign is it? Hanging frame  Free standing  others .....
- ❖ What is the sign made of? Aluminum  Metal  Wood  others .....
- ❖ In the case of a hanging frame, do you have an express permission of the property owner? YES  NO
- ❖ Will you be willing to remove your sign in the event of objection(s) from your host? YES  NO
- ❖ Please attach the photomontage of the sign and part of the premise on which the sign will be attached.

.....

Name, Signature & Date

.....

Phone Number

**Note:** The Agency retains the right of review of permit and fees of structure from time to time.

If there are more than two business concerns within a premise, their signs will be collapsed into one single structure. Each business pays for its sign.



**OGSAA FORM 0112**  
**FOR APCON & OAAN REGISTERED MEMBERS ONLY**

**OGUN STATE SIGNAGE & ADVERTISEMENTS AGENCY (OGSAA)**

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Address: plot 7, Joseph Ewuosho Road, off OGBC Road, G.R.A, Ibara, Abeokuta, Ogun State.

**APPLICATION FOR REGISTRATION TO PRACTICE OUTDOOR**  
**ADVERTISING IN OGUN STATE**

The undersigned hereby apply for registration of outdoor Advertising practice within Ogun state in accordance with the particulars given below. Please attach all relevant documents that will aid the registration of your company/agency.

1. Name of Company/Agency:  
.....
2. Address/Location (Not P.O. Box):  
.....  
.....  
.....
3. Mobile No: ..... Office No:  
.....
4. Email Address:  
.....
5. Are you currently OAAN registered member (optional)? ..... YES/NO. If yes, provide evidence.
6. Are you currently APCON certified member (Non optional)? .....YES/NO. If yes, provide evidence.
7. Has your company/agency been practicing outdoor advertising in Ogun State? YES/NO. If yes, provide list, locations and type of site. (see page 3)
8. How long has your company/agency been practicing outdoor advertising?  
.....
9. Which other states has your company/agency registered with to practice outdoor advertising? ..... Give details of registration e.g. Number issued.....
10. Is there any public or community benefit being offered? YES/NO. If yes, provide evidence.



11. Do you subscribe to the declaration of campaign message to the Regulatory Agency before ..... display?  
.....
12. Is your company a sole proprietorship, if No please give details of directors  
.....  
....
13. In case of indebtedness to the Agency do you subscribe to the confiscation / seizure of the displayed material? If No kindly give your reason.....  
.....  
.....

**Attestation of good conduct by OAAN/APCON registered members:**

..... .....	..... .....	..... .....
<b>Name</b>	<b>Practice Number</b>	<b>Signature</b>
..... .....	..... .....	..... .....
<b>Name</b>	<b>Practice Number</b>	<b>Signature</b>

**DECLARATION**

I..... (Full name) declare under oath that I am/my company is the true representation of the information and attachment provided and will therefore abide by the rules and regulations governing outdoor advertising practice in Ogun State. Any false declaration renders this application null and void.

**Signature**..... **Date**  
.....



**OFFICE USE ONLY**

*Cleared by (certified practitioner)*

Name:..... Practice Number:.....

Signature.....

**Approved by (General Manager)**

Name:..... Signature & Date

.....

**NOTE:** Failure to effect the given approval within **three** months from date of approval renders such approval invalid and non effect.



## OGSAA FORM 0113

### OGUN STATE SIGNAGE & ADVERTISEMENT AGENCY

E-mail address: [ogsaaonline@gmail.com](mailto:ogsaaonline@gmail.com) Phone: 08145870317, 07035629662,  
09052292900

Address: Plot 7, Joseph Ewuoso Road, off Old OGBC Complex, G.R.A Ibara, Abeokuta

### THIRD PARTY APPLICATION FORM FOR ERECTION OF BILLBOARDS

The undersigned hereby apply for erection of billboard(s) within Ogun State in accordance with the particulars given below.

1. Name \_\_\_\_\_ of \_\_\_\_\_ Company/Agency:  
.....
2. Address/Location \_\_\_\_\_ (Not \_\_\_\_\_ P.O. \_\_\_\_\_ Box):  
.....  
.....  
.....
3. Mobile No: \_\_\_\_\_ Office No: \_\_\_\_\_
4. Email \_\_\_\_\_ Address: \_\_\_\_\_
5. Is your company a sole proprietorship, if No please give details of directors  
.....  
.....
6. Are you a registered outdoor practitioner with OGSAA? YES / NO.
7. If your answer to question (6) above is NO please download or complete **OGSAA FORM 0112**
8. Is the fabrication of your billboard carried out by a COREN certified Structural Engineer? ..... Please provide technical details of your billboard structure.
9. Do you have a standing contract with COREN Engineer for purpose of maintenance of your billboard? .....
10. If your answer to **question 9** above is **YES** please attach evidence of such M.O.U.
11. In case of poor maintenance of structure and after 21 days notice of such by the Agency do you subscribe to the removal of such structure by the Agency? YES / NO.  
If \_\_\_\_\_ NO \_\_\_\_\_ adduce \_\_\_\_\_ your reason(s).....
12. Do you subscribe to the declaration of campaign message to the regulatory Agency before \_\_\_\_\_ display?  
.....





**Approved by (General Manager)**

Name:..... Signature & Date .....

**NOTE:** Failure to effect the given approval within **three** months from date of approval renders such approval invalid and non effect. PTO