

Use			
Boda	<input type="checkbox"/>	Goods	<input type="checkbox"/>
		PSV	<input type="checkbox"/>
Corporate	<input type="checkbox"/>	Goods	<input type="checkbox"/>
Individual	<input type="checkbox"/>	PSV	<input type="checkbox"/>
Other	<input type="checkbox"/>		

BODA BODA REGISTRATION FORM 2013

KCCA Registration No		Number Plate			
Type/Make of Motorcycle		2 Stroke <input type="checkbox"/>	4 stroke <input type="checkbox"/>	Other <input type="checkbox"/>	Motorbike logbook? YES <input type="checkbox"/> NO <input type="checkbox"/>
Owner's Name:					
Date of Birth: DD/MM/YY	Age:	Village/Parish	Permit YES <input type="checkbox"/> NO <input type="checkbox"/>	Division/District	
Owner's Mobile Phone:			Phone		
Driver/Riders Surname			Riders' Phone		
Date of Birth: DD/MM/YY	Age:	Village/Parish	Permit YES <input type="checkbox"/> NO <input type="checkbox"/>	Division/District	
Division and Village of operation:		Stage Name:		Street/Road	
Stage Join Date		Stage Chairman			
Third Party Insurance Comprehensive <input type="checkbox"/> Regular <input type="checkbox"/> None <input type="checkbox"/>		Does the motorcycle have PSV status? Badge <input type="checkbox"/> Certificate <input type="checkbox"/> None <input type="checkbox"/>		How many crash helmets? 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/>	
Ownership (Specify) On Loan <input type="checkbox"/> Paid up <input type="checkbox"/> Hired out <input type="checkbox"/>			Has rider attended any training? Operating a vehicle YES <input type="checkbox"/> NO <input type="checkbox"/> First Aid YES <input type="checkbox"/> NO <input type="checkbox"/> Other YES <input type="checkbox"/> NO <input type="checkbox"/>		
What are the major problems you have found in this business?					
How would you like KCCA to assist you improve your Boda boda business?					
DECLARATION: All the information given above is true and shall comply to all KCCA's conditions and regulation					
Name			Signature		

..... Tear off

	Boda	Corporate	Individual	Other
No. Plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner Names				
Tel.				
Rider Name 1				
Tel.				
Division				
Parish/Village				
Stage				
Signature				

NOTICE: Motorcycles not registered may find it IMPOSSIBLE to work in Kampala. **This is NOT** a licence to operate in Kampala.