



REPUBLIC OF THE PHILIPPINES  
Office of Tourism Standards and Regulation

**APPLICATION FORM**

*Mabuhay Accommodation*

Please print legibly all information required. Do not abbreviate the information supplied. Place "/" marks in appropriate boxes and indicate "N/A" if not applicable.

TO BE FILLED OUT BY DOT AUTHORIZED PERSONNEL ONLY

**APPLICATION NUMBER**

Application for:

- Basic Registration
- Regular Accreditation
- Premium Accreditation
- New Application
- Renewal

PROCESSED BY:

**ACCOUNT IDENTIFIER DETAILS**

OFFICIAL EMAIL ADDRESS: \_\_\_\_\_

TIN: \_\_\_\_\_

NOTE: \_\_\_\_\_

*Make sure that the email address you provided is ACTIVE and VALID. For ESTABLISHMENTS, ensure that this is a corporate email address or an email address that will be permanently associated to your company. Please refrain from using your personal email address as notifications and official communications will be forwarded to your registered email.*

**ESTABLISHMENT DETAILS**

ESTABLISHMENT NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS WEBSITE: \_\_\_\_\_

CONTACT NUMBERS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_

**MANAGEMENT DETAILS**

**OWNERSHIP INFORMATION:**

OWNERS' NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NATIONALITY (if applicable): \_\_\_\_\_

**MANAGING COMPANY INFORMATION (if applicable):**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF ORGANIZATION	PERMITS		
<input type="checkbox"/> Single Proprietorship	<input type="checkbox"/> Mayor's/Business Permit	Permit No.	Valid Until
<input type="checkbox"/> Partnership	<input type="checkbox"/> DTI Permit	Permit No.	Valid Until
<input type="checkbox"/> Corporation	<input type="checkbox"/> SEC/CDA Registration	Permit No.	Valid Until
<input type="checkbox"/> Cooperative			

**GENERAL MANAGER**

GENERAL MANAGER'S NAME: \_\_\_\_\_

CONTACT NO. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

**CAPITALIZATION**

	STOCKHOLDER'S NAME	POSITION	NATIONALITY	AMOUNT SUBSCRIBED	AMOUNT PAID UP
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**SPECIFIC DETAILS**

Total Number of Rooms

	Type of Room (e.g. Deluxe, Standard, etc.)	Number
1	PWD Room	
2		
3		
4		

Total No of Conference Rooms

	Name of Funtion Room	Capacity
1		
2		
3		
4		

**AUTHORIZED REPRESENTATIVE (to transact business with DOT)**

REPRESENTATIVE'S FULL NAME: \_\_\_\_\_  
 DESIGNATION: \_\_\_\_\_  
 CONTACT NUMBERS: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

As the **General Manager/Chief Executive Officer/Owner** of the above-named establishment, I certify that I have not been convicted of any criminal offense involving moral turpitude and that all the official and employees of the establishment listed in the attached sheet are of good moral character and without criminal record.

I certify further that all the foregoing data and douments supporting this application are true and correct.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Position

SUBSCRIBED AND SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, after exhibiting Residence Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

Doc No. \_\_\_\_\_  
 Page No. \_\_\_\_\_  
 Book No. \_\_\_\_\_  
 Series of \_\_\_\_\_

**DOCUMENTARY REQUIREMENTS**

**Submitted Documents**

**Evaluator's Remarks**

- Valid Mayor's Permit/Business License
- DTI Business Name Certificate (for Sole Proprietor) or SEC Registration Certificate and Articles of Incorporation and its By-Laws (for Partnerships & Corporations) or Articles of Cooperation and Its By-Laws (for Cooperatives)
- Comprehensive General Liability Insurance Policy (*for Regular Accreditation, minimum coverage of P200,000.00 and Premium Accreditation, minimum of coverage of P300,000.00*)
- Certification for Key Employees (e.g. Housekeeping, Front Office, Food & Beverage, etc.)
- Quality Recognition and/or Awards from Reputable Institutions
- Other documents


**REMARKS**

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**FOR DOT USE ONLY**

APPLICATION NO.	DATE & TIME RECEIVED	RECEIVED BY	ENCODED BY	REMARKS

*Applicants Acknowledgement/Receiving Copy*

**APPLICATION DETAILS**

NAME OF ESTABLISHMENT: \_\_\_\_\_  
 APPLICATION ID: \_\_\_\_\_ DATE & TIME RECEIVED: \_\_\_\_\_



**DOCUMENTARY REQUIREMENTS**

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- Other documents


**REMARKS**

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RECEIVED & EVALUATED BY:

\_\_\_\_\_  
*Name & Signature of Accreditation Officer*

\_\_\_\_\_  
*Designation & Unit Assignment*

Application No.

Name of Establishment: \_\_\_\_\_

**Employee Count**

Department	MANAGERIAL				RANK AND FILE				SUB TOTAL
	LOCAL		EXPAT		LOCAL		EXPAT		
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
Maintenance and Engineering									0
Food and Beverage									0
Housekeeping									0
Front Office									0
Sales and Marketing									0
Administrative Department									0
Drivers									0
Others									0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Employee List**

	LAST NAME	FIRST NAME	M.I.	DESIGNATION	NATIONALITY	ISSUE ID?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

*(Continue on separate sheet if necessary)*

**Service Vehicle**

	VEHICLE TYPE	BRAND/MAKE	YEAR MODEL	PLATE NO.	ENGINE NO. & CHASIS NO.	NO. OF SEATS
1						
2						

*- nothing follows -*