



REPUBLIC OF THE PHILIPPINES
Office of Tourism Standards and Regulation
APPLICATION FORM
Tourist Water Transport Operator

TO BE FILLED OUT BY DOT AUTHORIZED PERSONNEL ONLY

APPLICATION NUMBER

Application for

- New Application
 Renewal

PROCESSED BY

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

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

NAME OF TOURIST TRANSPORT OPERATOR: _____

BUSINESS ADDRESS: _____

BUSINESS WEBSITE: _____

CONTACT NUMBERS: _____

EMAIL ADDRESS: _____

DATE ESTABLISHED: _____

MANAGEMENT DETAILS

OWNERSHIP INFORMATION :

OWNERS'/CORPORATION 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

Docking Area

VESSELS/WATERCRAFTS

Please fill out Annex A

BOAT MAN/SHIP CREW

Please fill out Annex B

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 officials 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 documents 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	
<p style="text-align: center;">Submitted Documents</p> <p><input type="checkbox"/> Valid Mayor's Permit/Business License</p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> Valid Certificate of Public Convenience issued by MARINA</p> <p><input type="checkbox"/> Valid Certificate of Inspection by MARINA</p> <p><input type="checkbox"/> Valid Certificate of Compliance with MC 65/65A of MARINA</p> <p><input type="checkbox"/> Other Documents</p>	<p style="text-align: center;">Evaluator's Remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
REMARKS	

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	
<p style="text-align: center;">Submitted Documents</p> <p><input type="checkbox"/> Valid Mayor's Permit/Business License</p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> Valid Certificate of Public Convenience issued by MARINA</p> <p><input type="checkbox"/> Valid Certificate of Inspection by MARINA</p> <p><input type="checkbox"/> Valid Certificate of Compliance with MC 65/65A of MARINA</p> <p><input type="checkbox"/> Other Documents</p>	<p style="text-align: center;">Evaluator's Remarks</p> <div style="border: 1px solid black; height: 100px;"></div>
REMARKS	

RECEIVED & EVALUATED BY:

<i>Name & Signature of Accreditation Officer</i>	<i>Designation & Unit Assignment</i>
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Application No.

Name of Tourist Transport Operator: _____

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
TOTAL	0	0	0	0	0	0	0	0	0

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)

Annex A

List of Watercrafts

	Name of Vessel	Vessel Type	Year Built	Registry No.	Engine Make	Capacity	Cruising Speed	Status
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

(Continue on separate sheet if necessary)

Annex B

SHIP CAPTAIN/BOAT MAN/ CREW

	LAST NAME	FIRST NAME	M.I.	License / Permit to Operate Vessel/ Motorized Banca	ISSUE ID? (YES/NO)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

(Continue on separate sheet if necessary)