



REPUBLIC OF THE PHILIPPINES
Office of Tourism Standards and Regulation
APPLICATION FORM
Tourism Trainer

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 as notifications and official communications will be forwarded to your registered email.

PROFILE DETAILS

NAME PREFIX (e.g. "Dr.", "Atty")	<div></div>	NAME SUFFIX (e.g. Jr, III, Ph.D.)	<div></div>
FIRST NAME	<div></div>		
MIDDLE NAME	<div></div>		
LAST NAME	<div></div>		
FULL MAIDEN NAME (For Female Guides only)	<div></div>		
PHONE NO.	<div></div>		
MOBILE NO.	<div></div>		
NATIONALITY	<div></div>		
DATE OF BIRTH(mm/dd/yyyy)	<div></div>	PLACE OF BIRTH	<div></div>
GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
CIVIL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	OTHERS: <div></div>

ADDRESS

NO.
(Include Building Name)

STREET/SUBDIVISION

REGION

CITY/PROVINCE

MUNICIPALITY/DISTRICT

SPOUSE DETAILS

NAME PREFIX (e.g. "Dr.", "Atty")	<div></div>	NAME SUFFIX (e.g. Jr, III, Ph.D.)	<div></div>
FIRST NAME	<div></div>		
MIDDLE NAME	<div></div>		
LAST NAME	<div></div>		
OCCUPATION	<div></div>		

PERMITS

MAYOR'S PERMIT NO. _____

PLACE OF ISSUE _____ VALID UNTIL _____

EMPLOYMENT DETAILS

EMPLOYMENT TYPE _____ TIN _____

ESTABLISHMENT NAME _____

BUSINESS ADDRESS _____

BUSINESS WEBSITE _____

PHONE NO. _____ FAX NO. _____

OFFICIAL EMAIL ADDRESS _____

EDUCATIONAL ATTAINMENT

EDUCATIONAL ATTAINMENT	COURSE/MAJOR	SCHOOL ATTENDED

(Continue on separate sheet if necessary)

SPECIFIC DETAILS

WORK EXPERIENCE

NAME OF COMPANY		YEARS OF EXPERIENCE	POSITION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

(Continue on separate sheet if necessary)

TRAININGS/SEMINARS ATTENDED

TITLE OF SEMINAR/TRAININGS		NO. OF HOURS	TRAINING VENUE	CONDUCTED/ SPONSORED BY
1				
2				
3				
4				
5				

(Continue on separate sheet if necessary)

LIST OF TRAINING PROGRAMS OFFERED

TITLE OF MODULE		NO. OF HOURS	DOT's Remarks APPROVED? (Yes/No)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

(Continue on separate sheet if necessary)

I certify that I have not been convicted of any criminal offense involving moral turpitude and that all 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

- Submitted Documents
- ☐ Valid Mayor's/Occupational/Working Permit
- ☐ Training Modules approved by DOT/TESDA/TIBFI
- ☐ Other documents

DOT Evaluator's Remarks

REMARKS

FOR DOT USE ONLY

APPLICATION NO.	DATE APPLIED	RECEIVED BY	ENCODED BY	REMARKS

Applicants Acknowledgement/Receiving Copy

APPLICATION DETAILS

NAME OF APPLICANT:

APPLICATION ID:

DATE & TIME RECEIVED



DOCUMENTARY REQUIREMENTS

- Submitted Documents
- ☐ Valid Mayor's/Occupational/Working Permit
- ☐ Training Modules approved by DOT/TESDA/TIBFI
- ☐ Other documents

DOT Evaluator's Remarks

REMARKS

RECEIVED & EVALUATED BY:

Name & Signature of Accreditation Officer

Designation & Unit Assignment