



REPUBLIC OF THE PHILIPPINES
Office of Tourism Standards and Regulation
APPLICATION FORM
Travel and Tour Agencies

Please print legibly all information required. Do not abbreviate the information supplied. Place "/" marks in appropriate boxes.

TO BE FILLED OUT ONLY BY DOT AUTHORIZED PERSONNEL

ONLY

APPLICATION NUMBER

Application for:

- ☐ Basic Registration
- ☐ Regular Accreditation
- ☐ Premium Accreditation

PROCESSED BY

ACCOUNT IDENTIFIER DETAILS

OFFICIAL EMAIL ADDRESS:

TIN:

NOTE:

Make sure that the email address 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 communication 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			
<div><input type="checkbox"/> Single Proprietorship</div>	<div><input type="checkbox"/> Mayor's/Business Permit</div>	Permit No.	Valid Until	
<div><input type="checkbox"/> Partnership</div>	<div><input type="checkbox"/> DTI Permit</div>	Permit No.	Valid Until	
<div><input type="checkbox"/> Corporation</div>	<div><input type="checkbox"/> SEC/CDA Registration</div>	Permit No.	Valid Until	
<div><input type="checkbox"/> Cooperative</div>				

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

Gross Income (Preceding Year)

Inbound (PHP) (1):
Outbound (PHP) (2):
Local (PHP) (3):
Gross Income (AFS):

No of Pax (inbound):
No of Pax (outbound):
No of Pax (Local):

Net Income (Loss) before Income Tax
Working Capital (Current Assets less Current Liabilities)
Authorized Capital:
Capital Contribution (Single Proprietorship/Partnership):

Type of Market (Country of Origin)

☐ Asia Pacific ☐ Korea
☐ Australia ☐ Middle East
☐ China ☐ Philippines
☐ Europe ☐ Russia
☐ India ☐ Taiwan
☐ Japan ☐ United States of America

Type of Operation

☐ Inbound
☐ Local
☐ Outbound

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

Submitted Documents	Evaluator's Remarks
<input type="checkbox"/> Valid Mayor's Permit/Business License	
<input type="checkbox"/> Audited Financial Statement and ITR for the preceeding year (<i>for Regular Accreditation, reflecting a minimum of P500,000.00 working capital and Premium Accreditation, minimum of coverage of P1,500,000.00</i>)	
<input type="checkbox"/> For General Managers, Proof of at least three (3) years managerial experience in Travel and Tour Operations or proof of passing DOT-recognized trave and tour operator management course	
<input type="checkbox"/> Proof of membership of good standing from a duly recognized national or internation travel association	
<input type="checkbox"/> Recognition/Commendation and/or Awards from Reputable Institutions or Associations	
<input type="checkbox"/> Other documents	
Other 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

Submitted Documents	Evaluator's Remarks
<input type="checkbox"/> Valid Mayor's Permit/Business License	
<input type="checkbox"/> Audited Financial Statement and ITR for the preceeding year (<i>for Regular Accreditation, reflecting a minimum of P500,000.00 working capital and Premium Accreditation, minimum of coverage of P1,500,000.00</i>)	
<input type="checkbox"/> For General Managers, Proof of at least three (3) years managerial experience in Travel and Tour Operations or proof of passing DOT-recognized travel and tour operator management course	
<input type="checkbox"/> Proof of membership of good standing from a duly recognized national or international travel association	
<input type="checkbox"/> Recognition/Commendation and/or Awards from Reputable Institutions or Associations	
<input type="checkbox"/> Other documents	

REMARKS

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RECEIVED BY:

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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
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)

Service Vehicle

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

- nothing follows -