



REPUBLIC OF THE PHILIPPINES  
Office of Tourism Standards and Regulation  
**APPLICATION FORM**  
MICE Facilities

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

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

NAME OF FACILITY:

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			
<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			
Total Floor Area of the MICE Facility			
Name of Function Venue		TYPE <small>(eg. Conference, Open Grounds, Hall)</small>	Maximum Capacity
1			
2			
3			
4			
5			
6			
7			
8			
Continue to a separate sheet if necessary			

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"/> Comprehensive General Liability Insurance Policy (for Regular Accreditation, minimum coverage of P500,000.00 and Premium Accreditation, minimum of coverage of P1,000,000.00)	
<input type="checkbox"/> Notarized list of names of all officials and employees (with office designation and nationality)	
<input type="checkbox"/> Quality Assurance Certification/Award given by an international or national organization.	
<input type="checkbox"/> Other documents	

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"/> Comprehensive General Liability Insurance Policy (for Regular Accreditation, minimum coverage of P500,000.00 and Premium Accreditation, minimum of coverage of P1,000,000.00)	
<input type="checkbox"/> Notarized list of names of all officials and employees (with office designation and nationality)	
<input type="checkbox"/> Quality Assurance Certification/Award given by an international or national organization.	
<input type="checkbox"/> Other documents	

REMARKS

RECEIVED & EVALUATED BY:

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

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

Application No.

Name of Facility: \_\_\_\_\_

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)