



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

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			
<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 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

- ☐ Valid Mayor's Permit/Business License
- ☐ 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

Evaluator's Remarks

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

- ☐ Valid Mayor's Permit/Business License
- ☐ 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

Evaluator's Remarks

REMARKS

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
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						
2						

- nothing follows -