



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

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:

- ☐ 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.

HOMESTAY DETAILS

HOMESTAY'S NAME:

HOST'S NAME:

ADDRESS:

WEBSITE (if any):

CONTACT NUMBERS:

EMAIL ADDRESS:

DATE ESTABLISHED:

TYPE OF ORGANIZATION:

- ☐ Single Proprietorship
- ☐ Others

PERMITS

- ☐ Mayor's/Business Permit
- ☐ DTI Permit

Permit No. Valid Until

Permit No. Valid Until

SPECIFIC DETAILS

Total Number of Lettable Rooms

Attendance to Relevant Training Programs

	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES	CONDUCTED BY/SPONSORED BY:	NO. OF HOURS
1				
2				

Name of Homestay Association:

Name of Family Members

	LAST NAME	FIRST NAME	MIDDLE NAME	NATIONALITY	ISSUE ID?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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

- ☐ Valid Mayor's Permit/Business License
- ☐ Proof of Attendance to Homestay Training Program conducted by DOT or any DOT-recognized or accredited Training Center
- ☐ Special Recognition
- ☐ Other documents

Evaluator's Remarks

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
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- ☐ Special Recognition
- ☐ Other documents

Evaluator's Remarks

REMARKS

RECEIVED & EVALUATED BY:

Name & Signature of Accreditation Officer

Designation & Unit Assignment