



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

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'/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"/> Partnership</div> <div><input type="checkbox"/> Corporation</div> <div><input type="checkbox"/> Cooperative</div>	<div><input type="checkbox"/> Mayor's/Business Permit</div> <div><input type="checkbox"/> DTI Permit</div> <div><input type="checkbox"/> SEC/CDA Registration</div>	Permit No.	Valid Until	
		Permit No.	Valid Until	
		Permit No.	Valid Until	

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				
Number of Events Organized <i>(within the last 3 yrs)</i> :		Number of Attendees		
International		No of Pax (International) :		
National		No of Pax (National) :		
Local		No of Pax (Local) :		
Total No. of Events	0	Total No. of Pax:		0
Trainings Completed				
	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES	CONDUCTED BY/SPONSORED BY:	NO. OF HOURS
1				
2				
3				
4				
5				
Continue in 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"/> Company Profile/Portfolio	
<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 experience in Event Organizing or proof of passing PCO/Events organizer's Training course or its equivalent	
<input type="checkbox"/> Proof of membership of good standing from a duly recognized MICE Organization/Association	
<input type="checkbox"/> Recognition/Commendation and/or Awards from Reputable Institutions or Associations	
<input type="checkbox"/> Other documents	
REMARKS	

FOR DOT USE ONLY				
APPLICATION NO.	DATE & TIME RECEIVED	RECEIVED BY	ENCODED BY	REMARKS


Applicant's Acknowledgement Receipt /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"/> Company Profile/Portfolio	
<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 experience in Event Organizing or proof of passing PCO/Events organizer's Training course or its equivalent	
<input type="checkbox"/> Proof of membership of good standing from a duly recognized MICE Organization/Association	
<input type="checkbox"/> Recognition/Commendation and/or Awards from Reputable Institutions or Associations	
<input type="checkbox"/> Other documents	
REMARKS	
RECEIVED & EVALUATED BY:	
<div></div> <div>Name & Signature of Accreditation Officer</div>	<div></div> <div>Designation & Unit Assignment</div>

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)