



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

TO BE FILLED OUT BY DOT AUTHORIZED PERSONNEL ONLY

APPLICATION NUMBER

Application for

- ☐ Regional Guide
- ☐ New Application
- ☐ Community Guide
- ☐ Renewal

PROCESSED BY

Please print legibly all information required. Do not abbreviate the information supplied. Place "/" marks in appropriate boxes and indicate "N/A" if not applicable.

ACCOUNT IDENTIFIER DETAILS

OFFICIAL EMAIL ADDRESS:

TIN:

NOTE:

Make sure that the email address you provided is ACTIVE and VALID as notifications and official communications will be forwarded to your registered email.

PROFILE DETAILS

NAME PREFIX
(e.g. "Dr.", "Atty")

NAME SUFFIX
(e.g. Jr, III, Ph.D.)

FIRST NAME

MIDDLE NAME

LAST NAME

FULL MAIDEN NAME
(For Female Guides only)

PHONE NO.

MOBILE NO.

NATIONALITY

DATE OF BIRTH(mm/dd/yyyy)

PLACE OF BIRTH

GENDER

☐ MALE

☐ FEMALE

CIVIL STATUS

☐ SINGLE

☐ MARRIED

OTHERS:

ADDRESS

NO.
(Include Building Name)

STREET/SUBDIVISION

REGION

CITY/PROVINCE

MUNICIPALITY/DISTRICT

SPOUSE DETAILS

NAME PREFIX
(e.g. "Dr.", "Atty")

NAME SUFFIX
(e.g. Jr, III, Ph.D.)

FIRST NAME

MIDDLE NAME

LAST NAME

OCCUPATION

PERMITS

MAYOR'S PERMIT NO. _____

PLACE OF ISSUE _____ VALID UNTIL _____

EMPLOYMENT DETAILS

EMPLOYMENT TYPE _____ TIN _____

ESTABLISHMENT NAME _____

BUSINESS ADDRESS _____

BUSINESS WEBSITE _____

PHONE NO. _____ FAX NO. _____

OFFICIAL EMAIL ADDRESS _____

EDUCATIONAL ATTAINMENT

EDUCATIONAL ATTAINMENT	COURSE/MAJOR	SCHOOL ATTENDED

(Continue on separate sheet if necessary)

SPECIFIC DETAILS

WORK EXPERIENCE

NAME OF COMPANY		YEARS OF EXPERIENCE	POSITION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

(Continue on separate sheet if necessary)

TRAININGS/SEMINARS ATTENDED

TITLE OF SEMINAR/TRAININGS		NO. OF HOURS	TRAINING VENUE	CONDUCTED/ SPONSORED BY
1				
2				
3				
4				
5				

(Continue on separate sheet if necessary)

TOUR GUIDE TYPE

Specialization

- ☐ Community Guide
- ☐ Regional Guide
- ☐ Eco-Guide
- ☐ Firefly Guide
- ☐ Mountain Guide
- ☐ Cave Guide
- ☐ Others, please specify _____

LANGUAGE SPOKEN

LANGUAGE SPOKEN		PROFICIENCY
1		
2		
3		

I certify that I have not been convicted of any criminal offense involving moral turpitude and that all 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

- ☐ Certificate of Training on Tour Guiding Seminar conducted by DOT or DOT-accredited Training Center
- ☐ Valid Mayor's/Occupational/Working Permit***
- ☐ Valid Health Certificate (Certification from a duly licensed physiscian that the applicant is fit to work)
- ☐ For Regional Guides, Valid NBI clearance ***
- ☐ For Community Guides, Valid NBI/Police Clearance***
- ☐ Other documents

Evaluator's Remarks

Note: Senior Citizens are exempted to submit documentary requirements marked with ***

REMARKS

FOR DOT USE ONLY

APPLICATION NO.	DATE APPLIED	RECEIVED BY	ENCODED BY	REMARKS

Applicants Acknowledgement/Receiving Copy

APPLICATION DETAILS

NAME OF APPLICANT:

APPLICATION ID:

DATE & TIME RECEIVED



DOCUMENTARY REQUIREMENTS

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- ☐ Other documents

Evaluator's Remarks

Note: Senior Citizens are exempted to submit documentary requirements marked with ***

REMARKS

RECEIVED & EVALUATED BY:

Name & Signature of Accreditation Officer

Designation & Unit Assignment