|  |  |
| --- | --- |
| Date Issued | **{formDateIssued}** |
| Valid Until | **{expirationDate}** |
| CTC No | **{CTCNo}** |
| CTC Date | **{dateIssued}** |
| Place Issued | **{placeIssued}** |
| OR No | **{ORNo}** |
| Prepared By | **ADMINISTRATOR** |
| FormNo | **{formNumber}** |



{%image}

Signature of Applicant

Right Thumb Mark

Left Thumb Mark

TO WHOM IT MAY CONCERN:

This is to certify that  **{name}**  is a resident of  **{address}** and a legitimate owner of one unit of tricycle dedscribed as follows:

|  |  |
| --- | --- |
| Maker and Type | **{todaModel}** |
| Motor No. | **{todaMotorNumber}** |
| Chassis No. | **{todaChassisNumber}** |
| Plate No. | **{todaPlateNumber}** |

This certification is issued upon the request of subject person for all legal intents and purpose it may serve him/her best.

**MTOP CLEARANCE**