























START





## **CERTIFICATE OF APPEARANCE**

TO WHOM IT MAY CONCERN:

This is to certify that	of the	
	(name)	(office)
	appeared i	in this office on
		(date)
atto		
(time)	(purpose)	
	, and departed on	at
	(date)	(time)

ENGR. ROMELA N. RĂTILLA, DPA

Regional Director





This Certificate is valid only if with no erasures or alterations.

STANDARDS AND TESTING LABORATORIES I MOBILE MODULAR FOOD PROCESSING FACILITY I SCHOLARSHIP I DISASTER RISK REDUCTION MANAGEMENT I CONSULTANCY AND TRAINING I FAIRNESS OPINION BOARD