



Republic of the Philippines
Province of Bataan
MUNICIPAL GOVERNMENT OF ORANI
ORANI TRICYCLE REGULATORY OFFICE



MOTORIZED TRICYCLE OPERATOR’S PERMIT FORM

DATE: _____

TRANSACTION TYPE				CLASSIFICATION			
<input type="checkbox"/> New				<input type="checkbox"/> Public Motorized Tricycle for Hire			
<input type="checkbox"/> Renewal				<input type="checkbox"/> Utility Motorized Tricycle			
<input type="checkbox"/> Transfer of Ownership				<input type="checkbox"/> Family-Use Motorized Tricycle			

NAME OF OPERATOR	FIRST NAME		MIDDLE NAME		LAST NAME	
ADDRESS			CONTACT NUMBER			
			SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
NAME OF SPOUSE (If Married)	FIRST NAME		MIDDLE NAME		LAST NAME	
MV FILE NO.	PLATE NO.		ENGINE NO.		CHASSIS NO.	
MAKE	PISTON DISPLACEMENT		CERTIFICATE OF REGISTRARTION		OFFICIAL RECEIPT NUMBER	YEAR MODEL
DATE OF FRANCHISE ISSUANCE			BODY/ FRANCHISE NUMBER	BARANGAY CODE – BODY BODY/ FRANCHISE NUMBER		TODA
DATE OF FRANCHISE EXPIRATION				_____ - _____		

NAME OF DRIVER 1	FIRST NAME		MIDDLE NAME		LAST NAME	
ADDRESS						
DRIVER'S LICENSE NUMBER		DRIVER'S LICENSE EXPIRATION	MM/DD/YYYY	BLOOD TYPE		
				SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
NAME OF DRIVER 2	FIRST NAME		MIDDLE NAME		LAST NAME	
ADDRESS						
DRIVER'S LICENSE NUMBER		DRIVER'S LICENSE EXPIRATION	MM/DD/YYYY	BLOOD TYPE		
				SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

Signature Over Printed Name of Applicant/Representative

REQUIREMENTS
<input type="checkbox"/> Previous MTOP Permit (for Renewal)
<input type="checkbox"/> Barangay Bonafide Certificate
<input type="checkbox"/> TODA Clearance
<input type="checkbox"/> Latest LTO OR & CR (original & photocopy)
<input type="checkbox"/> Insurance Coverage
<input type="checkbox"/> Valid ID (1 photocopy)
<input type="checkbox"/> Professional Driver’s License (1 photocopy)
<input type="checkbox"/> Community Tax Certificate (Cedula)

ORDER OF PAYMENT
Amount: _____
By _____

THIS IS TO CERTIFY that the Tricycle Unit with Plate No. / Body No. _____, owned and operated by _____ has complied with the following requirements of Tricycle Code:

PHYSICAL REQUIREMENTS

- ☐ Sidecar windshield
- ☐ Functioning horn
- ☐ Two (2) signal lights (front and back)
- ☐ Tail light including license plate light
- ☐ Top chain cover extending to rear wheel
- ☐ White headlights and red tail light
- ☐ Sticker
- ☐ Light inside the vehicle
- ☐ Mufflers and/or anti-noise equipment/silencer
- ☐ Driver’s and passenger roof
- ☐ Side mirrors
- ☐ Driver’s and passenger upholstery seat
- ☐ Maintain and good condition wheels
- ☐ Sidecar Color/Paint

REMARKS

INSPECTOR

ORDER OF PAYMENT

PUBLIC MOTORIZED TRICYCLE FOR HIRE				
Nature of Fee	AMOUNT			
Motorized Tricycle Operator’s Permit (MTOP) Fee	Php	200.00	x	=
REGULATORY FEES				
Annual Sticker Fees	Php	150.00	x	=
MTOP Plate	Php	250.00	x	=
Operator’s ID Card	Php	25.00	x	=
Driver’s ID Card (per driver)	Php	25.00	x	=
Parking Fee	Php	35.00	x	=
Dropping Fee	Php	60.00	x	=
Confirmation Fee	Php	100.00	x	=
Certification of No Record	Php	100.00	x	=
Transfer Fee	Php	1,000.00	x	=
Fare Matrix	Php	50.00	x	=
Body Number Sticker	Php	300.00	x	=
Environmental Fee	Php	75.00	x	=
Penalty	Php	50.00	x	=

TOTAL _____

UTILITY MOTORIZED TRICYCLE				
Nature of Fee	AMOUNT			
Motorized Tricycle Operator’s Permit (MTOP) Fee	Php	350.00	x	=
REGULATORY FEES				
Annual Sticker Fees	Php	100.00	x	=
Operator’s ID Card	Php	50.00	x	=
Driver’s ID Card (per driver)	Php	25.00	x	=
Certification of No Record	Php	25.00	x	=
Body Number Sticker	Php	200.00	x	=

TOTAL _____

FAMILY-USE MOTORIZED TRICYCLE				
Nature of Fee	AMOUNT			
Sticker Fee	Php	100.00	x	=

TOTAL _____