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| FM-CDC-PSD-TRS-005 |



Public Safety Division

Bldg. 2113, C.P. Romulo St., CDC Corporate Offices, Clark Freeport Zone, Phils.

Telephone Nos.: (045) 599-599-3211, 599 3212

Sticker No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR SHUTTLE SERVICE STICKER**

Operator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle Description**

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| --- | --- | --- | --- | --- |
| Make | Model | Year | Color | Plate No. |
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**Requirements & Conditions:**

1. Photocopy of valid **LTFRB issued franchise or decision**.

2. Photocopy of latest **LTO** **Certificate of Registration** (CR) & **Official Receipt** (OR).

3. Photocopy of Insurance Policy & Passenger Accident Mgt. & Insurance Agency, Inc. (PAMI)

4. Payment of arrears. (Shuttle Admin Fee)

5. Signing and notarization of Undertaking.

6. Passing of Vehicle Inspection:

* Smoke emission testing with the use of Opacimeter Machine
* Tint installed on side and rear windows is not allowed
* Company markings on both side panel should at least be 4” high x 1” thick lettering for Jeepney and 12” x 2” for Buses and Mini Buses
* Repaint cracks/chipping and dilapidated vehicles

7. Original copy of **Driver’s authorization** from operator. (If driver is not the operator)

8. Photocopy of **Professional driver’s license**. (OR & ID)

9. Five pounds (5 lbs) Fire Extinguisher.

**UNDERTAKING**

I agree to follow the traffic rules and regulations set forth by LTO and CDC, particularly full stop signs, four way stop, one way sign, traffic light signals, etc. I also agree to follow the maximum speed limit while inside CFZ. I am also aware that any violation of said rules and regulations may cause the cancellation, revocation and non-renewal of my sticker.

CONFORME: APPROVED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed name

**COL. HERBERT S. ANGELES (Ret)**

Manager

**BGEN. ANTONIO V. ROSARIO, JR. (RET)**

Manager