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| FM-CDC-PSD-TRS-006 |



 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 PUJ’S STICKER**

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

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

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

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

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

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**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. (PUJ’S 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.
* Panel or route markings should have color coded sticker (front, both sides and rear/ 4’’ color yellow background, 3’’ color black letters)
* Repaint cracks/chipping and dilapidated Vehicles.
1. Original copy of driver’s authorization from operator. (If driver is not the operator)
2. Photocopy of Professional Driver’s license. (OR & ID)
3. 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

ROUTE: \_\_\_\_\_\_\_\_\_\_

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

Manager