



**SUBIC BAY**  
METROPOLITAN AUTHORITY

# SUBIC BAY METROPOLITAN AUTHORITY ACCREDITATION OFFICE

## Regulatory Group

2/Floor, Regulatory Bldg., Labitan St. corner Rizal Avenue, Subic Bay Freeport Zone, Phils. 2222  
Telephone (6347) 252-4088 / 252-4029

### APPLICATION FOR CERTIFICATE OF ACCREDITATION

FOR:

**New**

**Renewal**

Name of Firm: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Type of Organization (Please Check)

( ) Corporation ( ) Sole Proprietorship ( ) Others \_\_\_\_\_

Nature of Business (Describe specific type of activity intended for SBFZ) \_\_\_\_\_

Name of client SBF Locator: \_\_\_\_\_

### (Only complete set of documents will be accepted for processing)

#### REQUIREMENTS

1. Mayor's Permit/Business Registration from Place of Business
2. Company Profile
  - List of Company Officers
  - List of employees and vehicles to be assigned in SBFZ
3. License/Permit or other issuance from concerned government agency for which authorization to engage in the business activity being applied for is required.
4. Clearance from concerned SBMA Department/Office
  - a. Accounting Department
  - b. Ecology Center
  - c. Intelligence Office
  - d. Labor Department
  - e. Occupational Health and Safety Department

**Note: new applicants need only to secure clearance from Ecology Department and Occupational Health and Safety Department**
5. Others Requirements:

*(Original documents must be presented for authentication)*

#### Application & Accreditation Fee – US\$ 200.00 (or equivalent in Phil. Pesos at current exchange rate)

I understand that this application for Accreditation is subject to evaluation and approval by the SBMA and I therefore subject myself to its existing and future policies, rules and regulation. Any false/fraudulent statement made herein as well as violations on my part of any of that said policies, rules and regulations shall be sufficient grounds for the denial of this Accreditation Certificate or revocation of the same.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_