



# REGULATORY GROUP MOTOR VEHICLE REGISTRATION OFFICE

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Departmental Quality Form  
RG-MVRO-001  
Rev. No. 06  
Effective Date: 01/07/2019

## APPLICATION FOR VEHICLE DECAL

Date of Application: \_\_\_\_\_ Time Started: \_\_\_\_\_

Time Finished: \_\_\_\_\_

Total KPM: \_\_\_\_\_

### REQUIREMENTS:

- ~ **BRING** Photocopy of updated **SBMA ID & DRIVERS' LICENSE**
- ~ **BRING** Photocopy of updated **CAR REGISTRATION (CR & OR)**
- ~ PERSONAL APPEARANCE OF VEHICLE / OWNER

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> SBMA Employee           | <input type="checkbox"/> SBFZ Resident | <input type="checkbox"/> Regular Visitor/Pass Thru |
| <input type="checkbox"/> SBFZ Locator's Employee | <input type="checkbox"/> School        |  |

### OWNERSHIP AND DOCUMENTATION:

SBMA ID No.: \_\_\_\_\_

Name of Owner \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Home Address \_\_\_\_\_ Tel No./ Cellphone No. \_\_\_\_\_

Company/SBMA Dept. \_\_\_\_\_ Telephone No. \_\_\_\_\_

### VEHICLE IDENTIFICATION:

Plate No. \_\_\_\_\_ Year \_\_\_\_\_

Make / Model \_\_\_\_\_ Color \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Approved  Disapproved

**MARIETTA FE S. DUMLAO**  
Officer-in-Charge

*This portion is for MOTOR VEHICLE REGISTRATION OFFICE ("MVRO") use.*

### SAFETY INSPECTION RESULT:

- |   |                                       |  |                                 |
|---|---------------------------------------|--|---------------------------------|
| <input type="checkbox"/> HEADLIGHT        | <input type="checkbox"/> SEAT BELT    | <input type="checkbox"/> REARVIEW MIRROR | <input type="checkbox"/> HORN   |
| <input type="checkbox"/> HIGH BEAM        | <input type="checkbox"/> TAIL LIGHT   | <input type="checkbox"/> SIDEVIEW MIRROR | <input type="checkbox"/> TIRE   |
| <input type="checkbox"/> LOW BEAM         | <input type="checkbox"/> BRAKE LIGHT  | <input type="checkbox"/> EMERGENCY BRAKE | <input type="checkbox"/> HELMET |
| <input type="checkbox"/> WINDSHIELD WIPER | <input type="checkbox"/> SIGNAL LIGHT | <input type="checkbox"/> FOOT BRAKE      | <input type="checkbox"/> EWD    |

\_\_\_\_\_  
Inspector's Signature

Decal No.: \_\_\_\_\_ Category: \_\_\_\_\_ Amount: \_\_\_\_\_

Billing Assessment No.: \_\_\_\_\_ Official Receipt No. \_\_\_\_\_