



SUBIC BAY METROPOLITAN AUTHORITY

REQUEST FORM FOR BOARD RESOLUTION

General Quality Form
BCS-0001
Rev. No.: 02
Effectivity Date: 10-07-2013

BCS - 0001 _____

REQUEST FORM FOR BOARD RESOLUTION

NOTE: PLEASE FILL OUT THIS FORM COMPLETELY.

REQUESTING PARTY : _____ TEL. NO. : _____
OFFICE / DEPARTMENT : _____

DETAILS :

Date and Number of Meeting	Cert. Number	Board Resolution Number	SUBJECT MATTER

PURPOSE :

SIGNATURE OF REQUESTING PARTY

Certification is being requested for legal purpose and in my official capacity with the concurrence of my supervising officer.

FOR CORSEC PERSONNEL ONLY

Received by: _____ Date Received: _____
Time : _____

REMARKS

RELEASED TO :

Certification is issued for whatever legal and official purposes it may serve.

PRINT NAME : _____ OFFICE/DEPT. : _____
SIGNATURE : _____ DATE & TIME RECVD : _____