



SUBIC BAY METROPOLITAN AUTHORITY ECOLOGY CENTER

Regulatory Bldg., Labitan St. cor. Rizal Highway, Subic Bay Freeport Zone,
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General Quality Form

ECD-RPD-02

Revision No.:06

Effectivity Date: 9/16/19

APPLICATION FOR SUBIC BAY FREEPORT ZONE CERTIFICATE OF NON-COVERAGE (SBFZCNC)

PROJECT INFORMATION			
Name of Project:			
Project Location:			
Project Type:			
Project Activity/ Description:			
Lot Area:		Floor Area:	
Production Rate: (e.g. MT/yr, DWT/yr, m ³ /yr)	Quantity to be Processed Annually: (i.e. MT of raw materials)	Capacity/Others: (i.e., MW, m3, heads)	
PROponent INFORMATION			
Company Name:			
Mailing Address:			
Landline No.:	Mobile No.:	Fax No.:	
Email Address:			
CONTACT PERSON INFORMATION			
Full Name:			
Designation:			
Landline No.:	Mobile No.:	e-mail:	
Prepared/Submitted by:		Concurred/Approved by:	
<i>Signature over Printed Name</i>		<i>Signature over Printed Name</i>	

Required Attachments:

- Copy of CR/CRTE, if available
- Proof of Ownership (i.e., SEC/DTI Registration or Lease/Sublease Agreement)
- Colored pictures of site/facility (properly labeled/with captions i.e., front, back, left, right)
- Location Map (exact location marked with "X") or Vicinity Map
- Site Development Plan or Floor Plan
- Drainage Plan (showing location of septic tank)

Reminder:

- Please accomplish in two (2) copies, one copy shall serve as Proponent's Receiving Copy
- Site inspection/verification may be conducted to verify site conditions and after complete documents have been submitted
- Pay PHP 400.00 at any SBMA Cashier and present O.R. as proof of payment to claim the SBFZCNC
- When claiming the SBFZCNC, the Proponent/owner (i.e., president, proprietor) or his authorized representative (i.e., w/ Letter of Authorization) shall sign the Conforme part of the SBFZCNC after EC's briefing on the SBFZCNC conditions. This shall be done prior to permit release/issuance.
- Follow-up can be made after 3 days

EVALUATOR'S RECOMMENDATION: Grant Clearance Deny Clearance Grant Clearance only if: _____

Remarks: _____

Evaluated by: _____

Noted by: _____

Date/Time Evaluation was Completed: _____

(Case handler to sign over printed name)

EC Authorized Signatory