



SUBIC BAY METROPOLITAN AUTHORITY FIRE DEPARTMENT

(047) 252-4227 / 252-4061

Bldg. 71 Sampson Road, CBD Area, SBFZ

**UNIFIED
 SERVICE
 APPLICATION
 FORM**

CHECK BOX OF SERVICE APPLIED FOR

<input type="checkbox"/>	FIRE SAFETY INSPECTION	<input type="checkbox"/>	FIRE SAFETY TRAINING
<input type="checkbox"/>	HAZARDOUS OPERATION PERMIT	<input type="checkbox"/>	OTHERS (Please specify):

<input type="checkbox"/>	LOCATOR	<input type="checkbox"/>	ACCREDITED CONTRACTOR/ SERVICE SUPPLIER	<input type="checkbox"/>	GOV'T AGENCY
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DATE OF APPLICATION		
COMPANY NAME		
CLIENT'S NAME (IF ACCREDITED CONTRACTOR)		
EXACT BUSINESS ADDRESS		
LANDLINE/FAX	CELLPHONE NUMBER	EMAIL ADDRESS
AUTHORIZED REPRESENTATIVE:		

REQUIREMENTS

<p>FOR FIRE SAFETY INSPECTION (Regular Inspection/BID)</p> <p><input type="checkbox"/> Latest CRTE/Lease Agreement</p> <p><input type="checkbox"/> UPDATED ANNUAL PREVENTIVE MAINTENANCE RECORDS (Fire Protection System and Life Safety Devices)</p> <p>FOR FIRE SAFETY INSPECTION (Occupancy Permit/BPSD)</p> <p><input type="checkbox"/> Checklist for the Application of Occupancy Permit from BPSD</p>	<p>FOR HAZARDOUS OPERATIONS PERMIT</p> <p><input type="checkbox"/> For Fireworks Permit, Approval from SBMA Airport is required</p> <p><input type="checkbox"/> Portable Fire Extinguisher</p> <p><input type="checkbox"/> Welding/Cutting Equipment</p> <p><input type="checkbox"/> Firewatch</p> <p><i>NOTE:</i> Fee: PhP 500.00/Area *PhP 1,500.00/hr (Fire Truck Standby is required for more than 5 mins. of Fireworks display)</p>
<p>FOR FIRE SAFETY TRAINING</p> <p><input type="checkbox"/> Request Letter (For Specialized and Training Request outside SBFZ)</p> <p><input type="checkbox"/> Date: _____</p> <p><input type="checkbox"/> No. of Participants: _____</p> <p><i>NOTE:</i> Fee: PhP 300.00/participant PhP 750.00/instructor (for more than ten (10) participants, two (2) instructors are required)</p>	<p>OTHERS:</p>

I hereby certify the correctness of the information provided above and the completeness of the attached documents.

_____ SIGNATURE OVER PRINTED NAME	_____ DATE
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VERIFIED BY:	DATE RECEIVED	
	TIME RECEIVED	