



**SUBIC BAY METROPOLITAN AUTHORITY
LABOR DEPARTMENT
ENDORSEMENT FOR ISSUANCE OF GATE PASS / ID REQUEST FORM**

DEPARTMENT QUALITY FORM
LBD-MSD-AFG-04-19
REVISION 05
EFFECTIVITY DATE: 09/01/2019

THIS ENDORSEMENT IS VALID FOR FIVE (5) DAYS FROM DATE OF ISSUANCE / RELEASE.

**SBMA BLDG.255,BARRYMAN ROAD
SUBIC BAY FREEPORT ZONE**

Type of Request (Check One)
 NEW **RENEWAL**

CONTROL NO.: _____
TEL.NOS. 252.4101/4861/4073 email: labor@sbma.com

CATEGORY (Check One) <input type="checkbox"/> INVESTOR / LOCATOR <input type="checkbox"/> INVESTOR / LOCATOR'S EMPLOYEES <input type="checkbox"/> OTHERS (Specify) _____	<input type="checkbox"/> CONTRACTOR / SUB-CONTRACTOR <input type="checkbox"/> CONTRACTOR / SUB-CONTRACTOR'S EMPLOYEES RECEIVED & PROCESSED BY: _____ DATE: (mm/dd/yyyy) _____ TIME: _____ SIGNATURE: _____
RELEASED TO: _____ DATE:(mm/dd/yyyy) _____ TIME: _____ SIGNATURE: _____	

COMPANY NAME _____ **Type of Registration** [] CRTE [] CR [] ACCREDITATION **SPONSOR:** _____

FULL NAME (LAST NAME, FIRST NAME, MIDDLE NAME)	PRESENT ADDRESS	LENGTH OF STAY IN PRESENT ADDRESS	POSITION	DATE OF BIRTH (mm/dd/yyyy)	SEX M / F	PLACE OF BIRTH	
						TOWN / CITY	PROVINCE

This is to certify that we have willfully provided the information required for the application of our SBMA ID.
Ito ay nagpapatunay na kusang loob naming ipinagkaloob ang mga kinakailangang impormasyon para sa aplikasyon ng aming SBMA ID.

SIGNATURE OVER PRINTED NAME OF AUTHORIZED COMPANY REPRESENTATIVE POSITION / DESIGNATION	<p align="center">NEW</p> <input type="checkbox"/> Endorsement for Issuance of Gate Pass / ID Request Form (2 Copies) <input type="checkbox"/> NBI or Police Clearance (1 copy) <input type="checkbox"/> CRTE/ CR / Accreditation (1 copy) For DIRECT HIRES (Investors/Locators): <input type="checkbox"/> Justification Letter Addressed to: Atty. SEVERO C. PASTOR, Jr. Manager, Labor Department Attention: Mr. ROMMEL M. AQUINO Division Chief, Manpower Services	<p align="center">RENEWAL</p> <input type="checkbox"/> Endorsement for Issuance of Gate Pass/ ID Request Form (2 Copies) <input type="checkbox"/> Photocopy of Previous ID (1 copy) For Lost Gatepass/ID, aside from requirements above: <input type="checkbox"/> Affidavit of Loss <input type="checkbox"/> IIO Clearance For Foreign Workers/Nationals: <input type="checkbox"/> Photocopy of AEP Card (if excluded from AEP, photocopy of Certificate of Exclusion from DOLE) <input type="checkbox"/> Photocopy of SCWV / SCIV (if Permanent/Temporary Resident Visa holder, photocopy of 13A Visa and Visa Exemption from SBMA Visa Office)
		FROM: _____ TO: _____ Atty. SEVERO C.PASTOR, Jr. Department Manager

Gate Pass / ID Validity	
1 month	
3 months	
6 months	
1 year	
Others (specify)	

NOTES:
 For Locator's workers, New ID Request is processed at Rm. 125, Bldg.255 while ID Renewal is at MSD Receiving Section, Subic Gym. For Contractors/Subcontractors, is at SCO, Rm. 210, 2nd Flr, Bldg. 255.
 For locator workers/applicants aged 15 less than 18 years old as defined under DOLE Department Advisory No. 01-08, in addition to the requirements above:
 applicant's Birth Certificate and Notarized parent's consent. The SBMA Labor Department may require additional requirements such as Birth Certificate to verify authenticity of information indicated in this Request Form as deemed necessary.