



REGULATORY GROUP MOTOR VEHICLE REGISTRATION OFFICE

Regulatory Bldg. Rizal corner Labitan St., Subic Bay Freeport Zone, Philippines 2222
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Departmental Quality Form
RG-MVRO-003
Rev. No. 05
Effective Date: 07-15-2019

APPLICATION FOR TRANSPORTATION ACCREDITATION

For:
 New
 Renewal

Name of Firm:		Accreditation No.
Address:		
Contact Person:	Designation:	
Telephone No. / Cellphone No.:		
Name of client SBFZ Locator:		
Nature of Business: <input type="checkbox"/> Taxi <input type="checkbox"/> Shuttle <input type="checkbox"/> PUV <input type="checkbox"/> School Service <input type="checkbox"/> VFA		

(Only complete set of documents will be accepted for processing)

Original documents must be presented for authentication

REQUIREMENTS:

- Mayor's Permit & Business Registration from place of Business – DTI or SEC Registration (*Articles of Incorporation, By Laws & GIS*)
- Certificate of Compliance issued by Cooperative Development Authority (CDA)
- Contract with SBFZ Locator (**For SHUTTLE Services only**)
- Listing of Vehicles – Indicate (Make / Model / Plate No.) with corresponding Drivers
- SBMA Departments/Offices Clearance
 - a. Environmental Clearance / Emission Test Clearance (Ecology Center, Ground Floor, Regulatory Building)
 - b. Certificate of Traffic Safety Awareness Orientation (Law Enforcement Department, Bldg. 657)
 - c. Intelligence Office Clearance (Intelligence Office, Bldg. 657 2nd floor)

Application & Accreditation Fee – US\$160.00 (or equivalent in Phil. Pesos at current exchange rate)

I understand that this application for Accreditation is subject to evaluation and approval of the SBMA and I therefore subject myself to its existing and future policies, rules and regulation. Any false/fraudulent statement made herein as well as violations on my part of any of said policies, rules and regulations shall be sufficient grounds for the denial of this Accreditation Certificate or revocation of the same.

NAME: _____

DATE RECEIVED: _____

SIGNATURE: _____

TIME: _____

DATE: _____

EVALUATOR: _____

SIGNATURE: _____