



REPUBLIC OF THE PHILIPPINES
Office of Tourism Standards and Regulation

APPLICATION FORM

Hotels, Resorts, Apartment Hotels

- Hotel Resort Apartment Hotel

Please print legibly all information required. Do not abbreviate the information supplied. Place "/" marks in appropriate boxes and indicate "N/A" if not applicable.

TO BE FILLED OUT BY DOT AUTHORIZED PERSONNEL ONLY

APPLICATION NUMBER

Application for:

- Regular Accreditation New Application
 Star Rating Accreditation Renewal

PROCESSED BY _____

DATA PRIVACY NOTICE

The Department of Tourism, in line with Republic Act 10173 or the Data Privacy Act of 2012, is committed to protect and secure personal information obtained in the performance of its mandate under The Tourism Act of 2009. Pursuant to its mandate, the Department collects the following personal information: (i) full name of applicant or its official representative, (ii) home/office address, (iii) e-mail address, (iv) contact numbers, (v) nationality, (vi) TIN, (vi) SSS/GSIS Number, (vii) financial information, and other personal information relevant in the processing of accreditation applications and other DOT applications.

In compliance with the requirements of Data Privacy Act of 2012, the Department commits to ensure that all personal information obtained will be secured and remain confidential. Collected personal information will only be utilized for purposes of processing of applications, documentation, research, if applicable, and facilitation of future transaction. The personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations.

Only the agency's designated personnel/Personal Information Controllers will have access to the collected personal information, which will be stored for three (3) years after the expiration of accreditation or after the completion of relevant transaction. The manner of disposition of physical documents will be based on the provision of the National Archive of the Philippines and/or deletion in the agency's database. Corrections of personal information or withdrawal of data privacy consent, if given, is done by informing the Department in writing through privacy@tourism.gov.ph.

ACCOUNT IDENTIFIER DETAILS

OFFICIAL EMAIL ADDRESS: _____

NOTE: Make sure that the email address you provided is ACTIVE and VALID. For ESTABLISHMENTS, ensure that this is a corporate email address or an email address that will be permanently associated to your company. Please refrain from using your personal email address as notifications and official communications will be forwarded to your registered email.

ESTABLISHMENT DETAILS

ESTABLISHMENT NAME: _____

BUSINESS ADDRESS: _____

DATE ESTABLISHED: _____

BUSINESS WEBSITE: _____

CONTACT NUMBERS: _____

TYPE OF ORGANIZATION:	PERMITS	PERMIT NO.	VALIDITY
<input type="checkbox"/> Single Proprietorship	<input type="checkbox"/> Mayor's/Business Permit	_____	_____
<input type="checkbox"/> Partnership	<input type="checkbox"/> DTI Permit	_____	_____
<input type="checkbox"/> Corporation/OPC	<input type="checkbox"/> SEC/CDA Registration	_____	_____
<input type="checkbox"/> Cooperative			

MANAGEMENT DETAILS

GENERAL MANAGER

GENERAL MANAGER'S NAME: _____

NATIONALITY: _____

OWNERSHIP INFORMATION:

OWNERS'/CORPORATION NAME: _____

ADDRESS: _____

NATIONALITY (if applicable): _____

MANAGING COMPANY INFORMATION (if applicable):

COMPANY NAME: _____

ADDRESS: _____

SPECIFIC DETAILS

Total Number of Rooms

	Type of Room	Number
1	PWD Room	
2		
3		
4		

Total No of Conference Rooms

	Name of Funtion Room	Capacity
1		
2		
3		
4		

I certify that I am duly authorized to accomplish this application form and that the information provided herein are true, correct and complete statements to the best of my knowledge and in compliance with the provisions of pertinent laws, rules, and regulations of the Republic of the Philippines.

I understand that the acceptance and approval of this application for accreditation is based on the information provided herein.

I therefore agree that, in case a post-verification yields information contrary to what is declared, this application shall be disapproved and payment forfeited. I further agree that any misrepresentation made in this document shall be a ground for revocation/cancellation or denial of this accreditation and/or the filing of administrative/ criminal case/s against me.

DATE: _____

Signature over printed name

Position

SUBSCRIBED AND SWORN to before me on this _____ day of _____,
after exhibiting Residence Certificate No. _____ issued at _____ on
_____.

Doc No. _____
Page No. _____
Book No. _____
Series of _____

DOT's Copy



APPLICATION DETAILS

NAME OF ESTABLISHMENT: _____

APPLICATION ID: _____

DATE & TIME
RECEIVED _____

DATA PRIVACY CONSENT FORM

I, _____ the applicant and/or representative of _____ (the Company) by virtue of a Secretary Certificate/ Special Power of Attorney dated _____, acknowledges that I have read and understood the Data Privacy Notice of the Department of Tourism. In relation thereto, consent is hereby voluntarily given to the Department of Tourism to use, share, and disclose relevant personal information and sensitive personal information, given and/or disclosed in the application form or any DOT standard forms /documents only for the following purposes (check as many as you want):

- Inclusion in marketing and promotional efforts of the agency (e.g. publication of contact numbers or e-mail address in DOT website, in print materials, etc.), if applicable;
- Inclusion in the list of accredited tourism entities for dissemination to requesting DOT-accredited enterprises and/or requesting public to facilitate coordination and ease of doing business with DOT-accredited entities, if applicable;
- Other specific purpose/s relevant to the office collecting information as indicated below:
 - _____
 - _____

Signed this _____ at _____, Philippines.

DATA SUBJECT / APPLICANT / GENERAL MANAGER /
AUTHORIZED REPRESENTATIVE

DOCUMENTARY REQUIREMENTS

Submitted Documents

Evaluator's Remarks

- Valid Mayor's Permit/Business License
- Comprehensive General Liability Insurance Policy (for Regular Accreditation, minimum coverage of P500,000.00 and Premium Accreditation, minimum of coverage of P1,000,000.00)
- National Certification for Key Employees (e.g. Housekeeping, Front Office, Food & Beverage, etc.)***
- Quality Recognition and/or Awards from Reputable Institutions***

Note: Applications for Star Rating Accreditation are required to submit the documentary requirements marked with ***

REMARKS

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FOR DOT USE ONLY

APPLICATION NO.	DATE & TIME RECEIVED	RECEIVED BY	ENCODED BY	REMARKS

Applicant's Acknowledgement/Receiving Copy



APPLICATION DETAILS

NAME OF ESTABLISHMENT: _____
 APPLICATION ID: _____ DATE & TIME RECEIVED: _____

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Signed this _____ at _____, Philippines.

DATA SUBJECT / APPLICANT / GENERAL MANAGER / AUTHORIZED REPRESENTATIVE

DOCUMENTARY REQUIREMENTS

Submitted Documents	Evaluator's Remarks
<input type="checkbox"/> Valid Mayor's Permit/Business License	
<input type="checkbox"/> Comprehensive General Liability Insurance Policy (for Regular Accreditation, minimum coverage of P500,000.00 and Premium Accreditation, minimum of coverage of P1,000,000.00)	
<input type="checkbox"/> National Certification for Key Employees (e.g. Housekeeping, Front Office, Food & Beverage, etc.)	
<input type="checkbox"/> Quality Recognition and/or Awards from Reputable Institutions	

*Note: Applications for Star Rating are required to submit the documentary requirements marked with ****

REMARKS

Note: Please bring this acknowledgement receipt form upon re-submission of your application. You may also follow up on the status of your application thru our telephone nos indicated in our website.

RECEIVED & EVALUATED BY:

Name & Signature of Accreditation Officer

Designation & Unit Assignment

Application No.

Name of Establishment: _____

Employee Count

Department	MANAGERIAL				RANK AND FILE				SUB TOTAL
	LOCAL		EXPAT		LOCAL		EXPAT		
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
Maintenance and Engineering									0
Food and Beverage									0
Housekeeping									0
Front Office									0
Sales and Marketing									0
Administrative Department									0
Drivers									0
Others									0
TOTAL	0	0	0	0	0	0	0	0	0

Service Vehicle (If Applicable)

	VEHICLE TYPE	BRAND/MAKE	YEAR MODEL	PLATE NO.	NO. OF SEATS
1					
2					

- nothing follows -