



REPUBLIC OF THE PHILIPPINES
Office of Tourism Standards and Regulation
APPLICATION FORM
Travel and Tour Agencies

Please print legibly all information required. Do not abbreviate the information supplied. Place "/" marks in appropriate boxes.

TO BE FILLED OUT ONLY BY DOT AUTHORIZED PERSONNEL ONLY

APPLICATION NUMBER

Application for:

- ☐ Basic Registration
- ☐ New Application
- ☐ Regular Accreditation
- ☐ Renewal
- ☐ Premium Accreditation

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

OPERATOR'S COMPANY NAME:

BUSINESS ADDRESS:

DATE ESTABLISHED:

BUSINESS WEBSITE:

CONTACT NUMBERS:

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

MANAGEMENT DETAILS

GENERAL MANAGER

GENERAL MANAGER'S NAME:

NATIONALITY:

SPECIFIC DETAILS

Gross Income (Preceding Year)

Inbound (PHP) (1):	
Outbound (PHP) (2):	
Local (PHP) (3):	
Gross Income (AFS):	

No of Pax (inbound):	
No of Pax (outbound):	
No of Pax (Local):	

Net Income (Loss) before Income Tax
Working Capital (Current Assets less Current Liabilities)
Authorized Capital:
Capital Contribution (Single Proprietorship/Partnership):

Type of Market (*Country of Origin*)

<input type="checkbox"/> Asia Pacific	<input type="checkbox"/> Europe	<input type="checkbox"/> Korea
<input type="checkbox"/> Australia	<input type="checkbox"/> India	<input type="checkbox"/> Middle East
<input type="checkbox"/> China	<input type="checkbox"/> Japan	<input type="checkbox"/> Philippines

<input type="checkbox"/> Russia
<input type="checkbox"/> Taiwan
<input type="checkbox"/> United States of America

Type of Operation

<input type="checkbox"/> Inbound
<input type="checkbox"/> Local
<input type="checkbox"/> Outbound

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
<input type="checkbox"/> Valid Mayor's Permit/Business License	
<input type="checkbox"/> Audited Financial Statement and ITR for the preceeding year (<i>for Regular Accreditation, reflecting a minimum of P500,000.00 working capital and Premium Accreditation, minimum of coverage of P1,500,000.00</i>)	
<input type="checkbox"/> For General Managers, Proof of at least three (3) years managerial experience in Travel and Tour Operations or proof of passing DOT-recognized trave and tour operator management course (<i>if applicable</i>)	
<input type="checkbox"/> Proof of membership of good standing from a duly recognized national or internation travel association (<i>For Premium Accreditation only</i>)	
<input type="checkbox"/> Recognition/Commendation and/or Awards from Reputable Institutions or Associations (<i>For Premium Accreditation only</i>)	
Other Remarks	

FOR DOT USE ONLY

APPLICATION NO.	DATE& TIME RECEIVED	RECEIVED BY	ENCODED BY	REMARKS
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Applicant's Acknowledgement/Receiving Copy

APPLICATION DETAILS

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



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Other Remarks	

RECEIVED 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	
Administrative Department									0
Drivers									0
Front Office									0
Sales and Marketing									0
Tour Coordinator									0
Tour Guides									0
Others									0
TOTAL	0	0	0	0	0	0	0	0	0

Service Vehicle

VEHICLE TYPE		BRAND/MAKE	YEAR MODEL	PLATE NO.	ENGINE NO. & CHASIS NO.	NO. OF SEATS
1						

- nothing follows -