

Standards Monitoring and Enforcement Division
Progressive Accreditation System Self-Assessment Checklist
Travel and Tour Agencies

DOT-SMED-SAF-TTA-001
Form 23 Series of 2018

Name of Travel and Tour Agency: _____

Address : _____

<i>Please check on the appropriate box. Do not leave blank boxes.</i>				<i>Please continue if compliant with all Basic Registration criteria</i>				<i>Please continue if compliant with all Basic Registration and Regular Accreditation Criteria</i>			
BASIC REGISTRATION				REGULAR ACCREDITATION				PREMIUM/STAR-RATING ACCREDITATION			
	YES	NO	REMARKS		YES	NO	REMARKS		YES	NO	REMARKS
Business name signage visible				Physical Office not less than 12sq.m. located in a Commercial Area				Minimum of 18 sq.m. Physical Office located in a Commercial Area			
Information Materials (Brochures/Flyers/Other Promotional Materials)				Equipped with CCTV				Reception/Lounge Area			
Fire Extinguishers				Full Office Equipment (e.g. Tables & Chairs, Counter, Brochure Rack/E-brochures, Telephone/Mobile Phone, Computers, Printer/s, Filing Cabinets, Fans/Air-conditioning Units)				Official Website with registered domain			
Physical Office				Seating area for clients				Employees must have appropriate National Certifications (NC)			
Any online page				Official Website or any online page				Membership of good standing to any duly recognized Travel and Tour National and International Associations			
Computer Reservation System				Global Distribution System							
Any employee must have undergone tourism/travel related training				Minimum of three (3) regular employees							
				At least two (2) payment options							

Recommendation :
☐ Favorable ☐ Unfavorable ☐ Hold in Abeyance

Person Present/ Authorized Representative	Date of Inspection
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (Signature over printed name)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>

REMARKS/COMMENTS: