

ATTY. JEFFERSON P. SORIANO

Sir:
In accordance with the provisions of the City's Revenue Ordinance, I would like to apply for/renew my unit permit as operator of tricycle for hire. Hereunder are relevant data, UPDATED.

Republic of the Philippines
Province of Cagayan
Tuguegarao City

City Tricycle
OPERATOR'S APPLICATION FORM

YAO NGANA Y FORMA'M PARA 2015
Naluganan ngana para nicao bace ta libro. Ngam-me, (1) uliam-mu y nak-kaliuatan nu egga; (2) tali-baguam mu y dana; anna, (3) luganan-mu y na-marcan ta "?". Sonu kua, (4) firma'm mu. Mab-balo'c !

☐ Renewal ☐ Transfer ☐ Re-Activation

Control No.

Date
____/____/____

One NamePlated
1x1 Picture, if
Transfer or Re-
Activation only

(Pls. Fit Photo Here)

Requested By

Applicant (Operator)

Name

BirthDate Filipino OK

Spouse/ Atawa'm

Address (including Marital Status & Phone)

No. Street Barangay

«Single « Married « Widow/wer

Tele/Cell Phone No.

Tricycle (Documents)

Certificate of Registration	<u>No.</u>	Date CR Issued
LTO (OR)	<u>No.</u>	Date OR Issued
Franchise	<u>No.</u>	Date FR Issued
Tricycle Plate MCH	<u>No.</u>	Engine Power CC
Type of MC:		
Franchising Inspection Report ???	()	O K
Prior Year/s Fees (PY) ???	()	O K

Driver/s (Driver/s on regular and part-time basis)
Use additional sheet if necessary

	Name of Your Driver	Address	ID No.
1st			
2nd			
3rd			
4th			
5th			
6th			

NOTES:

I DECLARE, under the penalties of perjury, that this Application has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the Local Government Code and regulations issued under authority thereof; and hereby authorize the City Government to conduct verification and validation.

Details of 2015 Permits

ORNo.> (_____)
Verified By> _____ Date> (_____)
Encoded By> _____ Sticker> (_____)

CEDULA 2015 No.

Issued at on

Very truly yours,
firma'm bi taw _____
Operator's Signature

Do not fill beyond this point

PERMIT:
Received and Verified By:

Inspector

REVIEWED BY:

JAIME R. BAQUIRAN
Executive Assistant III/Head-BPLO

Sticker No.

COLLECTION:
FEES PROPER and RECOMMENDING APPROVAL

BUENAVENTURA F. LAGUNDI
City Treasurer

APPROVED:

Atty. Jefferson P. Soriano
City Mayor

(INCLUDE PAYMENTS FOR PRIOR YEARS, IF ANY)

Year/s	2014	2013	Others
Mayor's Permit			
Supervision			
Sticker			
Penalty			
TOTAL			
OR No.			
Date			

Permit-Sticker Issued BY:

Inspector

Mayor's Permit Sticker Received By >>>
Date Received ____/____/____

Operator's Printed Name and
Signature >>>

Motorized Tricycle Operator's Permit (MTOP)
2015

A acquire and submit the ONLY ONE basic requirement
pam-mu yao y tat-tadday nga "requirement" sonu cua i-"submit" mu

No.	Particulars	Origin/Source	Copy Required
1)	INSPECTION CLEARANCE (for year 2015)	TRU - Tricycle	Original
	● But (additional) in case of ownership transfer of franchised unit or re-activation: >>> <u>one Picture of the new Operator (1x1 and NamePlated)</u>	YOU - Your Latest Picture	Original

B ring also the following documents you already have.
ali egga ira ngamin ngana nicao yao nga documento metal-lugaring y ke pang-ngo na annam-mi mu nira canayun.

- Unexpired Franchise (Active)
- LTO Certificate of Registration (CR)
- LTO Official Receipt (O.R.) of Annual Payment
- Previous Year O.R. of CTOP Payment
- CEDULA-2013 of Owner/Operator

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→
→
→
→
Just show the original copy of these documents. BPLO will not get any copy

In case MTOP application is filed by other than Operator

- Special Power of Attorney (SPA)

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Submit Original Copy of SPA

NOTES:
1) In case the original copy is not available, photo copy is acceptable provided certified authentic by concerned authority
2) Unless otherwise mentioned, documents for presentation are for verification and validation purposes only, not filed in this Office but returned to the applicant.