



## FRANCHISING / PERMIT PROCESSING UNIT

### APPLICATION FOR PERMIT TO OPERATE TRICYCLE DE MOTOR - PRIVATE

No.

Account No.

Date:

#### NAME OF OWNER :

First Name

Middle Name

Last Name

#### ADDRESS:

House No.

Street

Barangay

City

#### TYPE OF APPLICATION :

BUSINESS USE

SCHOOL SERVICE

FAMILY USE

Engine No.

Chassis No.

L.T.O. Plate No.

Registration Plate No.

www.navotas.gov.ph

\_\_\_\_\_  
SIGNATURE OF OWNER

This permit is only a privilege and not a right. Subject to immediate revocation for any violation of existing laws and ordinances as stated in the herewith attached affidavit of waiver.

#### NAME OF DRIVER:

First Name

Middle Name

Last Name

Age:

Address:

\_\_\_\_\_  
SIGNATURE OF DRIVER

#### To be filled-up by the City Franchising Unit's Personnel

Encoder

Permit to Operate No.

Expiration Date

Official Receipt No.

#### STICKER NUMBER:

Checked By

Tricycle Checked By

Date Billed

DATE OF ISSUE

REMARKS: \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
**REGINA M. CONCEPCION**  
OIC-Franchising Permit Processing Unit

Subscribed and sworn to me before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at the City Government of Navotas. Affiant to me his/her Community Tax Certificate No. \_\_\_\_\_, \_\_\_\_\_ on \_\_\_\_\_.

Doc. No.: \_\_\_\_\_  
Page No.: \_\_\_\_\_  
Book No.: \_\_\_\_\_  
Series of: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC



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