



Republic of the Philippines
CITY GOVERNMENT OF NAVOTAS



FRANCHISING / PERMIT PROCESSING UNIT

**APPLICATION FOR PERMIT TO OPERATE
TRICYCLE DE MOTOR - SUPERVISION**

No.

Account No.

Date:

NAME OF OWNER

First Name

Middle Name

Last Name

ADDRESS:

House No.

Street

Barangay

City

T.O.D. Association:

Engine No.

Chassis No.

Plate No.

SIGNATURE OF OWNER

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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