



LAND TRANSPORTATION FRANCHISING AND REGULATORY BOARD
Information System Management Division (ISMD)
 East Avenue, Quezon City

REQUEST FORM

NAME OF OPERATOR : _____ **DATE FILED:** _____

CASE NUMBER : _____ **DUE DATE :** _____

TYPE OF SERVICE PUJ SB AUV /UV EXPRESS
 TH TX PUB_AC_REG
 TTS SHS

Transaction Requested:

- Request for Confirmation Certificate and Sticker
- Request for Certified Photocopy of Franchise Documents

Documents Requested (Pls. Specify)

 NAME OF APPLICANT & SIGNATURE



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