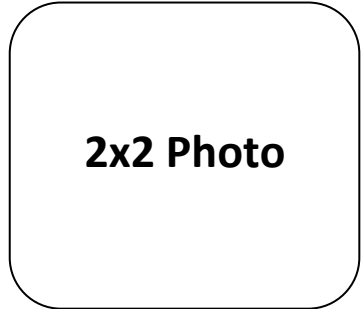




Republic of the Philippines
Department of Transportation
LAND TRANSPORTATION FRANCHISING & REGULATORY BOARD
East Avenue, Quezon City

OPERATOR DATA SHEET



TYPE OF OWNERSHIP

Single Proprietorship

Corporation

Partnership

Cooperative

1. CASE NUMBER _____ **NO. OF AUTHORIZED UNITS** _____

TYPE OF SERVICE

PUJ

SB

AUV

TH

TX

PUB_AC_REG

TTS

SHS

OTHER EXISTING FRANSHISES _____

CASE NUMBER	TYPE OF SERVICE	NO. OF AUTHORIZED UNITS	GARAGE LOCATION

GARAGE ADDRESS WITH GARAGE DIMENSION

NO. OF UNITS PER GARAGE _____

OWNED YES NO

LEASED YES NO

NAME OF LESSOR _____

II. FOR INDIVIDUAL OPERATOR:

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

DATE OF BIRTH _____ SEX: F M

TIN NO. _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL _____

SPECIMEN SIGNATURE

III. FOR CORPORATION/COOPERATIVE/OTHERS

NAME OF CORPORATION/COOPERATIVES/OTHER _____

SEC/CDA REGISTRATION NO. _____ TIN NO. _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL _____

IV. Authorized Representative [Note: Only the authorized representative identified in this sheet will be allowed to transact business in the agency for and on behalf of the owner]

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

DATE OF BIRTH _____ SEX: F M

TIN NO. _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL _____

SPECIMEN SIGNATURE

V. Authorized Drivers

Name	Address	Driver's License Number	Expiration Date

Operator undertakes that all information stated in this sheet are true and correct. Any misrepresentation and/or unlawful withholding of information will warrant outright denial and/or cancellation of the franchise in accordance with the Public Service Act. The Board reserves the right to VERIFY all information in this datasheet and to institute appropriate criminal prosecution for any act prejudicial to the public interest.

ATTESTATION AND UNDERTAKING

I, _____, do hereby ATTEST that the foregoing information are complete, true and correct to the best of my knowledge and belief. I commit to inform the Board in writing any subsequent changes in this data sheet within 15 days from knowledge thereof.

Signature over Printed Name

SUBSCRIBED AND SWORN TO before me this _____, a notary Public for and in the city of _____, the affiant showing to me his/her identification card with no. _____.

NOTARY PUBLIC