



**CONTROL NO.:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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

**REQUEST FOR SPECIAL PERMIT (OUT-OF-LINE OPERATION)**

*(PURSUANT TO 2020 CITIZEN'S CHARTER, MC 2015-008 & MC 2016-014)*

**PURPOSE:**

- Excursion  Fetch relatives
- Family Trip  To carry cargo
- Others: (specify) \_\_\_\_\_

**DESCRIPTION OF UNIT TO BE USED:**

<b>Name of Operator</b>	:	_____	<b>Case No.</b>	:	_____
<b>Make/Type</b>	:	_____	<b>Validity of CPC</b>	:	_____
<b>Chassis No.</b>	:	_____	<b>No. of authorized units</b>	:	_____
<b>Motor No.</b>	:	_____	<b>Denomination</b>	:	_____
<b>Plate No.</b>	:	_____	<b>Total no. of authorized units</b>	:	_____
			<b>(For fleet operator)</b>	:	_____

**ORIGIN** : \_\_\_\_\_

**DESTINATION** : \_\_\_\_\_

**VIA** : \_\_\_\_\_

\_\_\_\_\_

**NOTES:** > FOR ORIGIN AND DESTINATION, PLEASE SPECIFY PARTICULAR PLACE INCLUDING TOWN, CITY & PROVINCE  
> FOR "VIA" INCLUDE HIGHWAYS, OTHER PLACES TO BE VISITED)

**DURATION** : **FROM** : \_\_\_\_\_ **TO** : \_\_\_\_\_

(MM/DD/YYYY) (MM/DD/YYYY)

**REQUIREMENTS:**

**PLEASE ARRANGE IN THE FOLLOWING ORDER AND MUST BE CLEAR COPIES**

- 1. Accomplished Request Form
- 2. Original copy of franchise verification (from ISMD)
- 3. Current LTO Official Receipt (OR) and Certificate of Registration (CR);  
(vehicles shall not be more than 10 years old at the time of filing the request)
- 4. Valid/ current Passenger Accident Insurance
- 5. Notarized Contract of Agreement (if applicable)
- 6. Photocopy of Valid ID/ Company ID of the applicant/ authorized representative
- 7. Duly notarized Special Power of Attorney (SPA) - For Individual Operators)
- 8. Board Resolution/ Secretary's Certificate authorizing the application for Special Permit and  
designating the authorized representative/s to file the request (for Corporations and Partnerships)
- 9. Official Receipt of Payment

**Requested by** : \_\_\_\_\_

**PRINT NAME AND SIGNATURE**  
(Applicant/ Authorized Representative)

**Remarks** : \_\_\_\_\_

\_\_\_\_\_

**Evaluated by** : \_\_\_\_\_

**PRINT NAME AND SIGNATURE**