

## **CITY TOURISM OPERATIONS OFFICE**

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DOOR # 8, MAGSAYSAY PARK COMPLEX, DAVAO CITY

TELEPHONE NOS. 222-1956 TO 58

### **PROCESSING GUIDE FOR LICENSING OF TOUR GUIDE**

- [ ] 1. Application Form duly accomplished and notarized.
- [ ] 2. Proof of passing seminar conducted by the DOT.
- [ ] 3. Current NBI Clearance.
- [ ] 4. For alien applicants:
  - (a) DOLE Permit
  - (b) Valid CID Visa
  - (c) Proof of Reciprocity
- [ ] 5. Certificate of good health by the government physician.

Note: \* All documents stated above shall be photocopied for submission to the City Tourism Operations Office. ( include regulatory fee payment receipt )

- Bring original documents for reference and verification.

Republic of the Philippines  
**OFFICE OF THE CITY MAYOR**  
 City of Davao

**City Tourism Operations Office**

**APPLICATION FOR LICENSE AS TOUR GUIDE**

**The Hon. City Mayor**  
 City of Davao

Sir/ Madam:

Persuant to the provisions of E.O. 120 P.D. 1463 and the rules governing the operation of my business, I hereby apply for the original/ renewal of license to operate the same.

The following are the facts related to my business and the capacity to engage as such:

Name: \_\_\_\_\_  
 ( Last ) ( First ) ( M.I. )

Address Home: \_\_\_\_\_ \*LC \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel. No. \_\_\_\_\_

Nationality \_\_\_\_\_ \*NC \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ( MM/DD/YR )

Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ ( ft. ) Weight \_\_\_\_\_ ( lbs. )

Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_

Spouse' Name: \_\_\_\_\_

**Education**

	School Attended	Inclusive years of Attendance	Honors received
Primary			
Secondary			
Vocational			
College			

Employment Record

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Seminars attended conducted by the Dept. of Tourism

Title	Date

( use separate sheet if necessary )

Language Spoken

Proficiency: (1) Fluent  
(2) Fair

Language	Date

( use separate sheet if necessary )

I certify that I have not been convicted of any criminal offense involving moral turpitude and that all officials and employees of the establishment are of good moral character and without criminal record.

I certify that all the foregoing data and documents supporting this application are true and correct.

License No.: \_\_\_\_\_

Date issued: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Accomplished

SUBSCRIBED and SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_ after Residence Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_  
on \_\_\_\_\_, 20\_\_\_\_\_.

Doc. No.: \_\_\_\_\_

Page No.: \_\_\_\_\_

Book No.: \_\_\_\_\_

Series of 20 \_\_\_\_\_