Annex L

REPUBLIC OF THE PHILIPPINES
Department of Transportation
Land Transportation Office

RENEWAL APPLICATION FORM
DRIVING SCHOOL INSTRUCTOR

Pursuant to MC No. JMT-2023-2390

2x2 ID PICTURE

APPLIED FOR:

☐ Theoretical Driving Course Instructor

☐ Practical Driving Course Instructor

(If PDC Instructor, DL code/s applied for:)

☐**MOTORCYCLE** ☐ **A** ☐ **A1**	☐**LIGHT** ☐ **B** ☐ **B1** ☐ **B2** ☐ **BE**	☐**HEAVY** ☐ **C** ☐ **CE** ☐ **D**

DATE OF APPLICATION: _____ACCREDITATION CONTROL NO. _____

NAME OF APPLICANT: _____

(Surname) (First Name) (Middle Name)

ADDRESS: _____ CONTACT NO.: _____

DATE OF BIRTH: _____SEX:_____CITIZENSHIP: _____CIVIL STATUS: _____

DRIVER'S LICENSE NO.: _____ EXPIRATION: _____RC/DL CODE: _____

EMAIL ADDRESS: _____ TIN: _____

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NAME OF DRIVING SCHOOL: _____

ACCREDITATION CONTROL NO. _____

Documentary Requirement/s:

- ○ Application Fee
- ○ Copy of valid professional driver's license
- ○ Copy of company ID
- ○ Copy of valid National Bureau of Investigation (NBI) Clearance
- ○ Valid Certificate of No Apprehension
- ○ Previous Certificate of Accreditation
- ○ Payment of Retooling Program
- ○ Retooling Program Certificate of Completion
- ○ Renewal Accreditation Payment Receipt

I hereby certify that the foregoing statements and information are true and correct to the best of my knowledge. I understand that I will be liable for perjury for any false statement or entry in this form and the driving school will be permanently disqualified as a result thereof.

By signing this form, I consent to the collection, use, access, disclosure, processing, and disposal of my personal and sensitive personal data by the LTO in consonance with the agency's Data Privacy Notice and in compliance with Republic Act No. 10173 or the Data Privacy Act of 2012.

IN WITNESS WHEREOF, I have here unto set my hand this _____ at _____.

_____
SIGNATURE OVER PRINTED NAME
AFFIANT

Conforme:

_____
SIGNATURE OVER PRINTED NAME
DRIVING SCHOOL OWNER

Subscribed and sworn to me this _____ day of _____ affiant exhibit to me his/her ResidenceCertificate No. _____ issued on _____ at _____.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.

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THIS PORTION IS FOR THE LTO COMMITTEE ON ACCREDITATION ONLY	
Received by:	**Evaluated by:**
_____ _____ Signature over printed name Date	_____ _____ Signature over printed name Date