Annex H

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF TRANSPORTATION
LAND TRANSPORTATION OFFICE

APPLICATION FORM
RENEWAL DRIVING SCHOOL
Pursuant to MC No. JMT-2023-2390

NAME OF DRIVING SCHOOL:
_____
ADDRESS: _____
OWNER: _____**CONTACT NO.**: _____
EMAIL ADDRESS: _____

DL CODE CORRESPONDING TO VEHICLE CATEGORY APPLIED FOR:

☐ **Motorcycle**	☐ **Light**	☐ **Heavy**
☐ A ☐ A1	☐ B ☐ B1 ☐ B2 ☐ BE	☐ C ☐ CE ☐ D

LIST OF DOCUMENTARY REQUIREMENTS:

- ☐ Application Fee;
- ☐ Audited financial statement prepared by a certified public accountant;
- ☐ Valid Business Permit;
- ☐ Certificate of Registration from the Bureau of Internal Revenue (BIR);
- ☐ List of accredited instructors with their driver's license number and other pertinent qualifications;
- ☐ Official Receipt (OR) and Certificate of Registration (CR) of the vehicles registered under the name of the proprietor of the driving school in case of a sole proprietorship, or in the name of partnership or corporation, whichever is applicable; and
- ☐ 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 hereunto set my hand this _____ at _____.

_____
SIGNATURE OVER PRINTED NAME
AFFIANT

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

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

……..

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