



Republic of the Philippines
 Province of Negros Occidental
 City of San Carlos
OFFICE OF THE CITY MAYOR



BUSINESS PERMIT & LICENSING OFFICE
 Telefax No. (034) 312-6928

APPLICATION FOR PEDICAB DRIVER'S LICENSE

_____ Date

Name of Applicant: _____
 Address: _____
 Community Tax Cert. No.: _____ Date & Place Issued: _____

CERTIFICATION AS TO COMPLIANCE OF REQUIREMENTS

POLICE CLEARANCE



_____ Chief of Police

HEALTHCARD

_____ City Health Officer

CERTIFICATION OF SEMINAR ATTENDANCE

WARNING: This form is not for sale. ("Kini nga pormas dili baligya.")



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