



Republic of the Philippines  
Province of Negros Occidental  
City of San Carlos



**OFFICE OF THE CITY MAYOR**  
**BUSINESS PERMIT & LICENSING OFFICE**

**APPLICATION FOR PEDICAB DRIVER'S LICENSE**

**YEAR: 2025**

\_\_\_\_\_ Date

Name of Applicant: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Address: \_\_\_\_\_

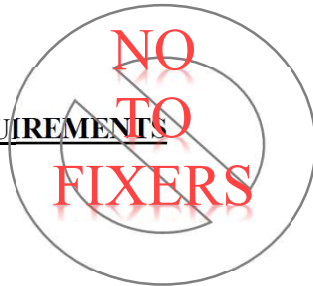
Community Tax Cert. No.: \_\_\_\_\_ Date & Place Issued: \_\_\_\_\_

**CERTIFICATION AS TO COMPLIANCE OF REQUIREMENTS**

**POLICE CLEARANCE**

**HEALTH & SANITARY REQUIREMENTS**

**PESO**



\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
City Health Officer

☐ **CERTIFICATION OF SEMINAR ATTENDANCE**

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