



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.")