



## APPLICATION FORM FOR MOTORBOAT PERMIT

**MUNICIPALITY OF PALANAN  
BUSINESS PERMIT AND LICENSING OFFICE**

TAX YEAR \_\_\_\_\_

**INSTRUCTIONS:**

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
2. Ensure that all documents attached to this application form are complete and properly filled-up.
3. If the filer or receiver is not the owner, submit Special Power of Attorney or Authorization Letter Duly notarized.

**I. APPLICANT SECTION****1. BASIC INFORMATION**

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Mode of payment: <input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly
Date of Application:		DA MVFR Registration No. (for fishing vessel only):		
Vessel Type:	<input type="checkbox"/> Motorized	<input type="checkbox"/> Non-motorized	<input type="checkbox"/> Others: _____	
Type of Motorboat:	<input type="checkbox"/> Small Vessel	<input type="checkbox"/> Motor Launch	<input type="checkbox"/> Others: _____	
Hull Materials:	<input type="checkbox"/> Wood	<input type="checkbox"/> Fiber glass	<input type="checkbox"/> Composite	<input type="checkbox"/> Others: _____
Function:	<input type="checkbox"/> Fishing	<input type="checkbox"/> Family Service	<input type="checkbox"/> Cargo/ Hauling	<input type="checkbox"/> Others: _____

**Name of Registrant**

Last name:	First Name:	Middle Name:
Address:		
Vessel Name:		
Homeport:		

**2. PARTICULARS OF PROPULSION SYSTEM**

Engine Make:	_____
Engine Serial Number:	_____
No. of Cylinder:	_____
Fuel type Used:	_____
Horse Power:	_____

**3. OTHER INFORMATION**

**Note: For renewal applications, do not fill up this section unless certain information have changed.**

Postal Code:	Email Address:	_____
Telephone No:	Mobile No:	_____
In case of emergency, provide NAME of contact person:		
Mobile No:	Address:	_____

**If Not Owned:**

Owner's Name:	_____
Owner's Address:	_____

I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records. Further, I agree to comply with the regulatory requirements and other deficiencies, if any, within 30 days from release of the permit.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/REGISTRANT OVER PRINTED NAME

**II. LGU SECTION (Do not fill up this section)****1. ASSESSMENT OF APPLICABLE FEES**

PARTICULARS	REFERENCE	AMOUNT DUE	PENALTY/ SURCHARGE	TOTAL
Permit to Operate				
OTHERS:				
<b>TOTAL FEES for LGU</b>				

Assessed By: MTO

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WILBERT E. BAUTISTA