

Republic of the Philippines
Province of Cavite
OFFICE OF THE CITY MAYOR
Trece Martires City

TRICYCLE FRANCHISING REGULATORY BOARD

New ____
Ren. ____

Date

ROUTE	WITHIN TRECE MARTIRES CITY ONLY
NAME/OWNER	: _____
FULL ADDRESS	: _____
MAKE	: _____
MOTOR NO.	: _____
CHASIS NO.	: _____
MODEL	: _____
COLOR	: _____
PLATE NO.	: _____
LTO CR NO.	: _____
LTO OR NO.	: _____
LTO FILE NO.	: _____

I hereby certify that all the information given above, as well as the information contained in the attachments to this application is true and correct. I acknowledge also that misrepresentation on my part may be ground for the disapproval of this application and/or revocation of the City Authority granted.

To be filled up by the processor:

BODY NUBER	: _____

LIGHTS	: _____
WASTE BASKET	: _____
BODY CONDITION	: _____

Applicant’s Signature

Inspected by:

Res. Cert. No.	: _____
Issued at	: _____
Issued On	: _____

Processed by:

Checked by:

NANCY B. HERRERA
LICENSE OFFICER IV

Approved by:

MELANDRES G. DE SAGUN
City Mayor