



REPUBLIC OF THE PHILIPPINES
CITY PERMITS AND LICENSING OFFICE

CITY OF LIPA
Tel. Nos. 784-2506/981-3042

OCCUPATIONAL PERMIT

_____ Date

DIVINA O. SIMANGAN

*City Permits and Licensing Officer
City of Lipa*

Madam:

I, the undersigned, have the honor to apply for permit (New/Renewal) to work as _____ at the

_____ (position)

_____ located

_____ (company name)

at _____

_____ (company address)

Indicated hereunder are the pertinent information required:

Name _____

LAST NAME

GIVEN NAME

M.I.

Address: _____

Sex: Male _____ Female _____ Height _____ Weight _____

Date of Birth: _____ Age: _____ Civil Status: _____

Place of Birth: _____ Citizenship: _____

Contact No.: _____

Educational Attainment: _____

Community Tax Certificate No. (Cedula) _____

Issued at: _____ Issued on: _____

Signature of Applicant

O.R. # _____

Amount Paid _____

APPROVED:

DIVINA O. SIMANGAN
City Permits and Licensing Officer