

Tubbataha Protected Area Management Board

Tubbataha Reefs Natural Park & World Heritage Site

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PTO Number:	

APPLICATION FOR PERMIT TO OPERATE

Business Name:				Date of Application:		
Business Address:				Contact Number:		
Business Owner/President:				Email address:		
Boat Name:				Class/Type of ship:		
Category of operation/Trading:				Gross Tonnage:		
Primary Contact Person:				Designation:		
Address:				Contact Number:		
Boat Manager:				Contact Number:		
Address:				1		
Boat Captain:				Contact Number:		
Address:				1		
Please check if the following are a	ttached:					
		□Sowage Poll	ution Proven	tion Cortificate		
☐ Certificate of Vessel Registry ☐ Sewage Pollution Prevention Certificate ☐ Passenger Ship Safety Certificate ☐ Schedule of proposed trips						
☐ Passenger Ship Safety C				ρs		
☐ Minimum Safe Manning Certificate ☐ S.E.C. Registration						
□PCSSD Accreditation	·			C. General Information Sheet		
☐Ship Station License	☐Business Permit					
I affirm the accuracy and truthfulr	ness of the ir	nformation prov	ided.			
I designate			as the prin	nary contact authorized t	0	
apply for my vessel				,		
I confirm that all emails, addresse	s and contac	t numbers spec	ified herein a	are the official communic	ation	
details of the vessel		·				
			_			
			Boat Owne	er/Business Owner / Preside	nt	
Do not write anything beyond this point.						
Comments:			Validated By	:		
			Date:			
			Approved By	:		
			Date:			
			1			