

**ANNEX B: Application for Endorsement of Tourism-Oriented/Related Projects**

DOT OTS Form No. 001

DEPARTMENT OF TOURISM  
DOT Building, Rizal Park, Manila

**APPLICATION FOR ENDORSEMENT OF TOURISM-ORIENTED/RELATED PROJECTS**

**INSTRUCTIONS:**

1. Read through the different items before accomplishing it.
2. Be guided by the Rules and Regulations on the accreditation of Tourism-Oriented/Related Projects in indicating your proposed classification.
3. Submit one (1) set of the duly notarized completed forms together with copy of other pertinent documents and requirements.
4. Submit two (2) sets if there is additional/co-financing with a member-bank of the Bankers Association of the Philippines (BAP).

**A. APPLICANT**

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
TIN : \_\_\_\_\_ Telephone No/s. : \_\_\_\_\_  
Fax No./E-Mail Address : \_\_\_\_\_ Nationality : \_\_\_\_\_

**B. APPLICANT'S REPRESENTATIVE**

Name & Designation : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No/s. : \_\_\_\_\_ Fax No./E-Mail Address : \_\_\_\_\_

**C. PURPOSE OF APPLICATION**

**1. TYPE OF DEVELOPMENT**

\_\_\_\_\_ New Project \_\_\_\_\_ Renovation/Modernization/Restoration  
\_\_\_\_\_ Expansion \_\_\_\_\_ Extension of Validity

**2. TYPE OF ENDORSEMENT TO GOVERNMENT AGENCY AND/OR FINANCIAL INSTITUTION**

\_\_\_\_\_ Board of Investments (BOI)  
\_\_\_\_\_ Philippine Economic Zone Authority (PEZA)  
\_\_\_\_\_ Department of Environment & Natural Resources (DENR)  
\_\_\_\_\_ Land Transportation Franchising & Regulatory Board (LTFRB)  
\_\_\_\_\_ Others (pls. specify) \_\_\_\_\_

**D. TYPE OF ACTIVITY**

\_\_\_\_\_ Hotel (De Luxe, First Class, Standard, Economy) \_\_\_\_\_ Apartel  
\_\_\_\_\_ Resort (AAA, AA, A, Special Interest) \_\_\_\_\_ Tourist Inn  
\_\_\_\_\_ Pension House \_\_\_\_\_ Motel  
\_\_\_\_\_ Transport (Air, Land, Water) \_\_\_\_\_ Ecozone Developer  
\_\_\_\_\_ Healthcare and Wellness Products \_\_\_\_\_ Ecozone Locator  
\_\_\_\_\_ Ambulatory Surgical Services \_\_\_\_\_ Dental Services  
\_\_\_\_\_ Other Human Health & Wellness Services \_\_\_\_\_ Hospital/Medical Services  
\_\_\_\_\_ Others (pls. specify) \_\_\_\_\_

**. BRIEF DESCRIPTION OF THE PROJECT**

Project Name : \_\_\_\_\_  
 Location of the Project : \_\_\_\_\_  
 Size of Land : \_\_\_\_\_ Cost of land : \_\_\_\_\_  
 Area of Operation for transport : \_\_\_\_\_  
 Number of Rooms for accommodation : \_\_\_\_\_  
 Breakdown of Units for land transport : \_\_\_\_\_ Units \_\_\_\_\_ Seats  
 Breakdown of Units for water transport : \_\_\_\_\_ Units \_\_\_\_\_ Seats  
 Breakdown of Units for air transport : \_\_\_\_\_ Units \_\_\_\_\_ Seats  
 Manpower requirement : \_\_\_\_\_ Managerial \_\_\_\_\_ Rank & File  
 Facilities/Amenities Offered : \_\_\_\_\_ F & B Outlets \_\_\_\_\_ Gym/Spa \_\_\_\_\_ Swimming Pool  
 \_\_\_\_\_ Ballroom \_\_\_\_\_ Function/Conference Rooms  
 \_\_\_\_\_ Others, please specify \_\_\_\_\_

**. PROJECT COST & FINANCING SCHEME**

**1. Total Project Cost**

Rooms/Cottages/Building	P	_____
Machinery		_____
Equipment		_____
Furniture & Fixtures		_____
Pre-Operating Expenses		_____
Others (please specify)		_____
<b>Total</b>	<b>P</b>	_____

*Continue in a separate sheet, if necessary*

**2. Sources of Financing**

		<b>Local</b>		<b>Foreign</b>	
		<b>Amount</b>	<b>Amount</b>	<b>Nationality</b>	<b>Grand Total</b>
Owner's Equity	P	_____	_____	_____	_____
Long Term Loan	P	_____	_____	_____	_____
Short/Medium Term Loan	P	_____	_____	_____	_____
<b>Total</b>	<b>P</b>	_____	_____	_____	_____

**Debt - Equity Ratio is** \_\_\_\_\_

*Note : Acceptable Debt-Equity Ratio is 75%-25%*

**GOVERNMENT/PRIVATE INSTITUTION FROM WHICH THE APPLICANT INTENDS TO OBTAIN FINANCING**

Name : \_\_\_\_\_  
 Branch Address : \_\_\_\_\_  
 Amount Proposed : \_\_\_\_\_

**I. PROJECT TIMETABLE**

- |    |                              |   |  |
|----|------------------------------|---|--|
| 1. | Start of construction        | : |  |
| 2. | Date of completion           | : |  |
| 3. | Date of Commercial Operation | : |  |

**DOCUMENTARY REQUIREMENTS**

<i>I. General Requirements for any type of development &amp; activity</i>	
<b>DOT USE</b>	<p>a. Notarized Board Resolution of the corporation, association or other entities authorizing the following:</p> <ul style="list-style-type: none"> <li>a.1 Authority to sign the application;</li> <li>a.2 Authority to transact business with the Department; and</li> <li>a.3 Authority to file the application</li> </ul> <p>For single/sole proprietorship, notarized authorization letter from the owner authorizing the following:</p> <ul style="list-style-type: none"> <li>a.4 Authority to transact business with the Department; and,</li> <li>a.5 Authority to file the application</li> </ul>
	<p>b. For Corporation &amp; Partnership, certified true copy of the applicant's Articles of Incorporation/Partnership and By-Laws as certified by the Corporate Secretary. Amended copy of the same, if applicable.</p> <p>For Single/Sole Proprietorship, certified true copy of the applicant's Bureau of Trade and Consumer Protection Certificate of Registration (BTCPCR) issued by DTI.</p>
	c. Municipal/City Government's certification or approval of development project/activity in favor of the proponent/owner.
	d. Project Description Outline
<i>II-A. Specific Requirements for any type of development &amp; activity</i>	
	a. Vicinity/Location Map & Site Development Plan.
	b. Typical floor plans & elevators of all structures & facilities preferably signed by a Licensed Architect. Exterior perspective or 5" x 7" reproduction of the same.
	c. Copies of the Bureau of Lands Location (Survey) Plan and Certificate of Land Ownership or Lease Contract or Rights or any agreement entered into for the development of the land. In the absence of the title/s to the property/ies, submit Affidavit of Ownership (See Annex "A")
	d. Environmental Compliance Certificate.
<i>II-B. Specific Requirements for tourist transport operation</i>	
<i>1. Air and Water Transport</i>	
	a. Technical Description/Specification of units and brochure or technical drawing plan
	b. For existing units, appropriate Certificate of Franchise or Certificate of Public Convenience (CPC) from the Civil Aeronautics Board (CSB) or Maritime Authority (MARINA)
<i>2. Land Transport</i>	
	a. Address
	b. For existing units, LTO Official Receipt of payment and Certificate of Registration (ORCR)
	c. Old Franchise (for renewal/extension of validity/conversion).
	d. Frontal photos of vehicles w/plate no/s. or conduction sticker, technical description/specifications of units, brochure
	e. Proof of transaction with DOT accredited Tour Operator
<i>III. Additional Requirements for loan endorsement</i>	
	a. Project Report & Financial Statements according to Guidelines provided by DOT (Annex "C")
	b. For DBP loans (Annex "D")

CERTIFICATION

I, \_\_\_\_\_ hereby certify that the data and information contained in this DOT Form No. OTS-001 and in the attached supporting documents are true and correct.

Done in the city/province of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
APPLICANT

REPUBLIC OF THE PHILIPPINES }  
CITY/PROVINCE OF                    SS }  
MUNICIPALITY OF

Subscribed and sworn to before me this day of \_\_\_\_\_ in the city/province of \_\_\_\_\_, affiant exhibiting to me his/her Residence Certificate No. \_\_\_\_\_, issued at \_\_\_\_\_ on \_\_\_\_\_, 20\_\_.

NOTARY PUBLIC

Document No. \_\_\_\_\_  
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Book No. \_\_\_\_\_  
Series of \_\_\_\_\_