



# REGULATORY GROUP ACCREDITATION OFFICE

Room 205, 2/Floor Regulatory Bldg., Labitan St. cor Rizal Highway  
Subic Bay Freeport Zone, Philippines 2222  
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Departmental Quality Form  
VAO-QF-ACCRED-01  
Rev. No. 2  
Effectivity Date: 08-01-2013

## APPLICATION FOR CERTIFICATE OF ACCREDITATION

For:

New

Renewal

Name of Firm: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Total No. of Employee assigned within SBFZ: \_\_\_\_\_

Type of Organization (Please Check)

( ) Corporation ( ) Sole Proprietorship ( ) Others \_\_\_\_\_ Company TIN No. \_\_\_\_\_

Nature of Business (Describe specific type of activity intended for SBFZ) \_\_\_\_\_

Name of client SBF Locator: \_\_\_\_\_

**(Only complete set of documents will be accepted for processing)**

### REQUIREMENTS

1. Mayor's Permit & Business Registration from Place of Business – DTI or SEC Registration (*Articles of Incorporation, By Laws and GIS*)
2. Company Profile
  - List of Company Officers
  - List of employees assigned within SBFZ ,
  - Copy OR/CR
  - Copy of Driver's License
3. License/Permit or other issuance from concerned government agency for which authorization to engage in the business activity being applied for is required.
4. Clearance from concerned SBMA Department/Office
  - a. Accounting Department
  - b. Ecology Center (*Regulatory Bldg., Labitan St. Cor Rizal Highway, SBFZ 047 252-4059*)
  - c. Intelligence Office (*Bldg. 657, Sampson Rd., SBFZ 047 252-4509*)
  - d. Labor Department (*2/F Bldg. 255, Barryman Rd, SBFZ 047 252 4861*)
  - e. Occupational Health and Safety Department (*3/F Bldg. 280, Dewey Avenue, SBFZ 047 252-4502*)

**Note: new applicants need only to secure clearance from Ecology Department and Occupational Health and Safety Department**

*(Original documents must be presented for authentication)*

### Application & Accreditation Fee – US\$ 200.00 (or equivalent in Phil. Pesos at current exchange rate)

I understand that this application for Accreditation is subject to evaluation and approval by the SBMA and I therefore subject myself to its existing and future policies, rules and regulation. Any false/fraudulent statement made herein as well as violations on my part of any of that said policies, rules and regulations shall be sufficient grounds for the denial of this Accreditation Certificate or revocation of the same.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_