



TRUCK BAN EXEMPTION FORM

PLEASE ACCOMPLISH IN THREE (3) COPIES

I. REQUESTED BY (TO BE FILLED UP BY CLIENTILE):

NAME	:	<hr/>
ADDRESS	:	<hr/>
TELEPHONE NO.	:	<hr/> FAX NO. <hr/>
PURPOSE		<input type="checkbox"/> DELIVERY
		<input type="checkbox"/> OTHERS (Pls Specify) <hr/>
CONTENTS OF TRUCK / VAN <hr/>		
SIGNATURE OF APPLICANT : <hr/>		
NAME	:	<hr/>
POSITION	:	<hr/>
DATE	:	<hr/>

II. FREIGHT FORWARDER / CONTRACTOR / AGENCY:

A. COMPANY NAME	:	<hr/>
BUSINESS ADDRESS	:	<hr/>
TELEPHONE NO.	:	<hr/> FAX NO. <hr/>
B. PERSON IN-CHARGE	:	SIGNATURE : <hr/>
POSITION	:	DATE : <hr/>
C. MAKE OF TRUCK	:	TONNAGE : <hr/>
PLATE NO.	:	DATE ISSUED : <hr/>
COLOR	:	PLACE ISSUED : <hr/>
D. NAME OF DRIVER	:	SIGNATURE : <hr/>
ADDRESS	:	DATE : <hr/>
CONTACT NO.	:	DATE ISSUED : <hr/>
DRIVER'S LICENSE NO.	:	PLACE ISSUED : <hr/>
E. DELIVERY DATE	:	E.T.A : <hr/>
EXEMPTION VALID UNTIL	:	E.T.D. : <hr/>

III. APPROVED BY:

<hr/> PARK ADMINISTRATION	<hr/> DATE
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- Copies To CBPAI Admin Office
 CBP Security Detachment
 Driver