Republic of the Philippines
MUNICIPAL GOVERNMENT OF TERESA
Province of Rizal

BUSINESS PERMIT AND LICENSING SECTION

WORKING PERMIT APPLICATION FORM

NAME : _____
First Name Middle Name Last Name

ADDRESS : _____
Street Barangay Town Province

BIRTHDAY : _____

AGE : _____ **SEX:** _____

NAME OF EMPLOYER : _____

POSITION APPLIED FOR : _____

I hereby certify that the information given are true, complete and correct.

_____
Signature over printed name of applicant

Requirements: _____1. Barangay Working Clearance
_____2. Sedula
_____3. Health Card (issued by Mun. Health Center)
_____4. Official Receipt of Payment
O.R. No. _____
WP # _____

Working Permit Fee	P	_____
Health Card		50.00
Total	P	_____

Evaluated by:

_____
BPLS Staff