



**Republic of the Philippines**  
**Department of Transportation & Communications**  
**LAND TRANSPORTATION OFFICE**  
 East Avenue, Quezon City



Field Office: Quezon City Date: 08-12-2008  
 MM-DD-YYYY

**APPLICATION FOR DRIVER'S LICENSE & CONDUCTOR/STUDENT PERMIT**

- INSTRUCTIONS: 1. Accomplish this form correctly. 2. Print data legibly.  
 3. Submit this form to receiving personnel together with the required supporting documents.

NAME (Family Name, First Name, Middle Name) <u>DE JESUS, MIGUEL DELA CRUZ</u>			
ADDRESS (No., Street, City / Municipality, Province) <u>#96 Santolan Street, Quezon City</u>			
CITIZENSHIP <u>FILIPINO</u>	SEX <u>M</u>	TEL. NO.	PAGER/EMAIL:
BIRTH DATE (MM/DD/YY) <u>09/11/1991</u>	BIRTHPLACE <u>Quezon City</u>	HEIGHT (cm)	WEIGHT (kg) <u>60</u>
CIVIL STATUS <input checked="" type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Widow/er	<input type="radio"/> Others
ORGAN DONOR		<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>TYPE OF APPLICATION (TOA)</b>		<b>REVISION OF RECORDS (PREVIOUS)</b>	
<input type="radio"/> A. NEW <input checked="" type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Non-Prof <input type="radio"/> Conductor's Permit <input type="radio"/> B. 2 YRS. DELINQUENT OR MORE <input type="radio"/> C. CHANGE TYPE <input type="radio"/> NON-PROF TO PROF <input type="radio"/> PROF TO NON-PROF <input type="radio"/> FOREIGN LIC. TO NON-PRO <input type="radio"/> FOREIGN LIC. TO PROF <input type="radio"/> D. RENEWAL <input type="radio"/> E. ADDITIONAL RESTRICTION CODE <input type="radio"/> F. DUPLICATE <input type="radio"/> G. REVISION OF RECORDS (EX. Address, Name, Civil Status, Birth, etc.) <input type="radio"/> H. OTHERS		NAME (Family Name, First Name, Middle Name) _____ ADDRESS (No., Street, City/Municipality, Province) _____ _____ BIRTHDATE _____ MM      DD      YY CIVIL STATUS <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow/er <input type="radio"/> Others	
SPOUSE NAME (Last Name, First Name, M.I.) <u>N/A</u>			
MOTHER'S MAIDEN NAME (Family Name, First Name, M.I.) Indicate even if deceased <u>DELA CRUZ, MARIA C.</u>			
FATHER'S NAME (Family Name, First Name, M.I.) Indicate even if deceased <u>DE JESUS, JUAN A.</u>			
EMPLOYER'S BUSINESS NAME <u>N/A</u>		TEL NO.	
EMPLOYER'S BUSINESS ADDRESS <u>N/A</u>		TEL NO.	
OTHER CONTACTS <u>Brig. Captain Edmund Carpio</u>		TEL NO. <u>02-123-456</u>	

Any false statement in this application or misrepresentation of facts relative thereto shall render the license null and void and shall serve as ground to bar applicant from acquiring any license/permit.

THIS IS TO CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT.

*Miguel de Jesus*  
 SIGNATURE OF APPLICANT

SUBSCRIBED under oath before me

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 CHIEF  
 Transportation District Office