

PURCHASE REQUEST

Office: MDS		PR No.: 2018-07-270	
Division/Section:		SAI No.: JUL 11 2018	

Item No.	Unit	Item Description	QTY	Unit Cost	Total Cost (Php)
	ream	Mimeographing of the following MDS forms:			40,000.00
1	-do-	SIRB Application Form-color yellow, legal size	30		
2	-do-	ATAP (size A4)	30		
3	-do-	Evaluator's logsheet (size A4)	30		
4	-do-	Releasing logsheet (size A4)	30		
5	-do-	SIB Form	10		
6	-do-	Referral Form	10		
		xxxxxxxxnothing followsxxxxxxxx			
TOTAL					40,000.00

INCLUDED IN THE APP for FY **2018**
CONSUELO T. DELA CRUZ
 OSD Procurement Section

Signature: _____

Printed Name: **ATTY. MA. ROWENA B. HUBILLA**
Director, MDS

Purpose: For the urgent use of the SIRB Processing.

CERTIFICATION

☐ FUNDS AVAILABLE
☐ NO FUNDS AVAILABLE

ANNABELL P. LAGAS
Chief, Budget Division

☐ Approved
 ☒ Disapproved

PR Approver

Signature: _____

Printed Name: **ROBERTO C. ARCEO, CESO V**
Director, MFAS

Designation: _____

Note: Please indicate specific purpose other than "for official use of the Office." (e.g. monthly regular supplies, as per APP. special projects, etc.)



Republic of the Philippines
Department of Transportation (DOTr)
MARITIME INDUSTRY AUTHORITY
MANILA

Form No. QMS 10/1-3
Revision No/Date: 0/15 Nov 2010



NATURE OF APPLICATION

- ☐ - New
☐ - Re-issuance
☐ - Lost/Damaged
☐ - Expired
☐ - Onboard Application (Specify Validity) _____

☐ - EXPEDITE (Please Sign) ↓

PICTURE
Passport size, Colored with
White background)
FOR ONBOARD
Application ONLY

SIRB APPLICATION FORM
(PLEASE PRINT ALL ENTRIES)

CONTROL NUMBER

NAME (Surname)				(First Name)				(MI)	Other Names (Ex. JR, I, II, III)	
DATE OF BIRTH (Ex. 12/31/59)		Month	Day	Year	PLACE OF BIRTH			TIN		
HEIGHT (cm)		WEIGHT (kg)			COLOR OF EYES			COLOR OF HAIR		
DISTINGUISHING MARKS (Limit to face area only)								SEX M () F ()		
PERMANENT MAILING ADDRESS:		House No. and Street (Ex. 2790 Rizal Ave.)			City/Municipality			Province		
TELEPHONE No (s).										
EDUCATIONAL ATTAINMENT (COURSE COMPLETED)				NAME OF SCHOOL ATTENDED/GRADUATED				DATE GRADUATED		
NAME OF REQUESTING COMPANY (For On-Board application Only)					BUSINESS ADDRESS/TELEFAX					
RECORD OF SEA SERVICE IN THE LAST FIVE YEARS ONLY (Huling limang taon)										
No.	POSITION			INCLUSIVE DATES		NAME OF VESSEL				
				FROM	TO					
PRESENT POSITION/ RANK					NBI CLEARANCE (Date of Issuance)					
CERTIFICATE	<input type="checkbox"/>	BSC/ BST/ BT STCW ENDORSEMENT		DATE ISSUED	CERTIFICATE NUMBER	REGISTRATION NUMBER	TRAINING CENTER			
PRC/NTC License (if applicable)				License No.	Date Issued					
PERSON TO BE NOTIFIED, IN CASE OF EMERGENCY				ADDRESS			TELEPHONE			
CERTIFICATION										
I HEREBY CERTIFY that the foregoing statements are true and correct and the attached supporting documents are authentic.										
Date				Signature of Applicant or Company Authorized Representative						
FOR MARINA USE ONLY										

Initial/Signature	Date	Time in	Time out	Remarks
Evaluator				
Cashier				
Photographer				
Encoder				
Reviewer				

OR Number	
Amount	
Date	
SIRB Number	
Sticker Number	



Republic of the Philippines
Department of Transportation (DOTr)
MARITIME INDUSTRY AUTHORITY
Parkview Plaza, 984 Taft Ave. cor. T.M. Kalaw Ave., Ermita, Manila
MANPOWER DEVELOPMENT SERVICE (MDS)
AUTHORITY TO ACCEPT PAYMENT

O.R. No. _____

Date: _____
☐ Cash ☐ Check

By: _____

TO BE FILLED UP BY APPLICANT

Applicant's Name : _____
Address : _____

Application No. _____
Date _____

TO BE FILLED UP BY MARINA / HUWAG SULATAN

CODE		TYPE OF APPLICATION	AMOUNT
628	<input type="checkbox"/>	AUTHENTICATION	_____
628	<input type="checkbox"/>	QDC/D-COC	_____
621	<input type="checkbox"/>	SIRB	_____
628	<input type="checkbox"/>	LOGBOOK	_____
628	<input type="checkbox"/>	MAJOR/MINOR PATRON 7 BC/MDM EXAM	_____
628	<input type="checkbox"/>	HARBOR PILOT EXAM	_____
603	<input type="checkbox"/>	HARBOR PILOT LICENSE FEE	_____
606	<input type="checkbox"/>	ACCREDITATION/FILING FEE	_____
617	<input type="checkbox"/>	INSPECTION FEE	_____
613	<input type="checkbox"/>	CERTIFICATION	_____
412	<input type="checkbox"/>	DOCUMENTARY STAMP	_____
TOTAL			_____

NOTE: Must be submitted with the APPLICATION

SIGNATURE OVER PRINTED NAME



Republic of the Philippines
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MARITIME INDUSTRY AUTHORITY
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621	<input type="checkbox"/>	SIRB	_____
628	<input type="checkbox"/>	LOGBOOK	_____
628	<input type="checkbox"/>	MAJOR/MINOR PATRON 7 BC/MDM EXAM	_____
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617	<input type="checkbox"/>	INSPECTION FEE	_____
613	<input type="checkbox"/>	CERTIFICATION	_____
412	<input type="checkbox"/>	DOCUMENTARY STAMP	_____
TOTAL			_____

NOTE: Must be submitted with the APPLICATION

SIGNATURE OVER PRINTED NAME



Date: _____

[illegible]



Republic of the Philippines
Department of Transportation (DOTr)
MARITIME INDUSTRY AUTHORITY
MANILA



SIB APPLICATION FORM
(PLEASE PRINT ALL ENTRIES)

CONTROL NUMBER

NATURE OF APPLICATION

- ☐ New
☐ Reissuance
☐ Lost/Damaged
☐ Expired
☐ Expedite (Sign here)

NAME (Surname)				(First Name)				(MI)	Other Names (Ex. JR, I, II, III)	
DATE OF BIRTH (Ex. 12/31/59)		Month	Day	Year	PLACE OF BIRTH				TIN	
HEIGHT (cm)		WEIGHT (kg)			COLOR OF EYES				COLOR OF HAIR	
DISTINGUISHING MARKS (Limit to face area only)								SEX [M] [F]		
PERMANENT MAILING ADDRESS:		House No. And Street (Ex. 2790 Rizal Ave.)				City/Municipality		Province		
TELEPHONE No(s).										
EDUCATIONAL ATTAINMENT (Course Completed)				SCHOOL ATTENDED/GRADUATED				INCLUSIVE DATE OF ATTENDANCE From To		
RECORD OF SEA SERVICE IN THE LAST FIVE YEARS ONLY (Huling limang taon)										
No.	POSITION	INCLUSIVE DATES		NAME OF VESSEL						
		FROM	TO							
PRESENT POSITION / RANK				NBI / POLICE / BARANGAY CLEARANCE (Date of Issuance)						
CERTIFICATE	1 - BSC 2 - MBST	DATE ISSUED	CERTIFICATE NUMBER		REGISTRATION NUMBER		TRAINING CENTER			
License (if applicable)		License No.			Date Issued					
PERSON TO BE NOTIFIED, IN CASE OF EMERGENCY				ADDRESS				TELEPHONE		
CERTIFICATION I HEREBY CERTIFY that the foregoing statements are true and correct and the attached supporting documents are authentic. Date _____ Signature of Applicant or Company Authorized Representative _____										

	Initial/Signature	Date	Time in	Time out	Remarks
Evaluator					
ATAP Verifier					
Cashier					
Image Capturer					
Encoder					
Reviewer					
Releasing					

OR Number	
Amount	
Date	
SIB Number	
Validity of SIB	
SIB Received by:	

For QMR/QAR Use Only: By: _____	Date: _____
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Republic of the Philippines
Department of Transportation (DOTr)
MARITIME INDUSTRY AUTHORITY
MANPOWER DEVELOPMENT SERVICE (MDS)

REFERRAL FORM

Name of Seafarer : _____

Position : _____

Date of Application : _____

Deficiencies Noted :

- ☐ alleged fake certificates/documents
- ☐ irregularly issued certificates/documents
- ☐ watch listed
- ☐ boarded without valid certificates/SIRB
- ☐ boarded with expired certificate/SIRB
- ☐ boarded without appropriate certificates/documents
- ☐ validity of certificates/licenses shorter than contract
- ☐ others

Remarks

Referred by: _____
Name & Signature

Position

Date referred to LS: _____

Noted by: _____
Name & Signature

Position