



Republic of the Philippines  
**CEBU PORT AUTHORITY**  
 CIP Complex, Serging Osmeña Blvd., NRA, Cebu City  
 Telephone: 232-1461-63 local 25  
 Telefax No.: 412-9024

**SPECIAL BUSINESS PERMIT FORM**

Permit No. \_\_\_\_\_

| APPLICANT'S INFORMATION                  |  |
|--|--|
| BUSINESS NAME                            |  |
| CONTACT PERSON                           |  |
| BUSINESS ADDRESS & TEL. NO.              |  |
| NATURE OF BUSINESS                       |  |
| SPECIAL BUSINESS PERMIT INFORMATION      |  |
| 1. Services Conducted:                   | <input type="checkbox"/> CIP <input type="checkbox"/> Baseport : _____ |
| Location: _____                          |  |
| 2. Type of Services / Business           | 3. Validity: _____   |
| <input type="checkbox"/> Chandling       | <input type="checkbox"/> Bunkering                                     |
| <input type="checkbox"/> Shipping Agent  | <input type="checkbox"/> Waste / Oil Sludge Collector                  |
| <input type="checkbox"/> Cargo Surveying | <input type="checkbox"/> Transportation                                |
| <input type="checkbox"/> Water Supplier  | <input type="checkbox"/> Others: <b><i>Specify</i></b> : _____         |
| 3. Supporting Documents Provided:        |  |
| * _____                                  |  |
| * _____                                  |  |

I hereby certify that the information provided above are true and correct.

\_\_\_\_\_  
 Applicant's Signature over Printed Name

**FOR CPA USE ONLY**

**EVALUATION DETAILS**

Services Approved: \_\_\_\_\_  
 Approved Duration and Location: \_\_\_\_\_  
 Comments on Supporting Documents \_\_\_\_\_

|  |                      |                    |
|--|----------------------|--------------------|
| Prepared by:<br><br>_____<br>Permits & Licensing Section | Start of Processing: | End of Processing: |
|  | Date: _____          | Date: _____        |
|  | Time: _____          | Time: _____        |

**APPROVAL DETAILS**

| Approving Authority | Date /Time | Comments / Remarks | Signature | Date /Time |
|---------------------|------------|--------------------|-----------|------------|
| BMDD Manager        |            |                    |           |            |
| Deputy Gen. Manager |            |                    |           |            |
| General Manager     |            |                    |           |            |

**ASSESSMENT:** Php 560.00, 12% VAT in, for uninterrupted duration of service, max of 30 days, per engagement, per location.

|                   |       |
|-------------------|-------|
| Amount in Words   | _____ |
| Amount in Figures | _____ |

**CIRCULATION OF COPIES:**

1-Payee      2-BMDD      3-Cashier      4-PSSEMD      5 - PMO/s Concerned