Republic of the Philippines
CEBU PORT AUTHORITY
CIP Complex, Serging Osmeña Boulevard, North Reclamation Area, Cebu City
Telephone: 232-1461 to 63 loc 33 • 232-1967
Fax No.: 232-3083

Serial #:

APPLICATION FOR ANNUAL VEHICLE PASS

APPLICANT'S INFORMATION
BUSINESS NAME:
PROPRIETOR/MANAGER/CEO:
BUSINESS ADDRESS & TEL. NO.:
NATURE OF BUSINESS:
HOME ADDRESS & TEL. NO.:

MAKE/SERIES/TYPE	NO.OF WHEELS	PLATE NUMBER	FOR CPA USE ONLY				
			HIRE	***PD***	***PS***	***ISPS***	***REMARKS***
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

THIS IS TO CERTIFY that the above information is true and correct. I understand that any misdeclared information would be sufficient ground for the imposition of a fine of ₱ 500.00 (for first offense), ₱ 1,000.00 (for second offense) and/or revocation of said privilege.

_____
Applicant's Signature over Printed Name

Recommending approval:

_____
Security Division Manager

Approved by:

_____
PSSEMD Manager

ASSESSMENT

PARTICULARS	AMOUNT
A. PERMIT TO OPERATE (Php 3,360.00*) Companies engaged in port related business	
B. ANNUAL VEHICLE PASS	
2 to 4 Wheelers (Php224.00*)	
6 to 10 Wheelers (Php336.00*)	
Prime Mover / Road Tractor (Php336.00*)	
C. PREMIUM FEE (20%) whenever applicable	
TOTAL	

*All Costs VAT inclusive. 1-PSSEMD 2-Cashier 3-Payee
Double-check all entries typed in this form.
Misdeclaration penalty will be strictly implemented.

Form No.: CPA-PSSEMD-F013/00