



**DRIVER'S ID - MOTORIZED/PEDICAB  
 APPLICATION FORM**

Name of Driver: \_\_\_\_\_

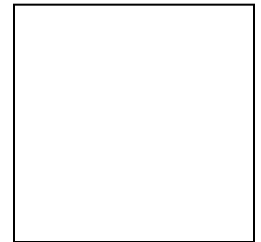
Address : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Association (if any) : \_\_\_\_\_

Zone : \_\_\_\_\_

License No. (Motorized) : \_\_\_\_\_



**Requirements:**

- Zerox/Photocopy LTO driver's license
- 2x2 picture 2pcs
- Community Tax Certificate /Cedula
- Barangay clearance (for Pedicab)
- Other Supporting Documents

\_\_\_\_\_  
 Signature of Driver

\_\_\_\_\_  
 Date



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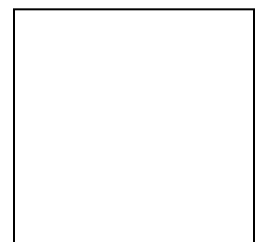
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