

OFFICE NAME
REQUEST FOR ELIGIBILITY/EXAMINATION RECORDS

Certification of Eligibility (no/lost original certificate; attach Declaration)	Authentication of Eligibility (attach original certificate)	Others
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PERSONAL INFORMATION (Please print.)

Name Used at the Time of Issuance/Exam: _____
 of Issuance/Exam: Last Name _____ First Name _____ Middle Name _____
 Current Name: _____
 Address Used at the Time of Issuance/Exam: _____
 Current Address: _____
 Date of Birth: _____ Place of Birth: _____
 Purpose/s of Request: Employment Replacement of Lost Certificate Did Not Receive Original Certificate
 Promotion Replacement of Old/Torn/Worn-out Certificate Others _____

Gender: _____
 Civil Status: _____
 Presently employed? Yes No
 If yes, please specify:
 Company: _____
 Address: _____

ELIGIBILITY/EXAMINATION DATA (Please print.)

Title of Eligibility/Exam: _____ Rating Obtained: _____ Date of Effectivity: _____
 Date of Issuance/Exam: _____ Registration/Certificate/Card/Resolution No.: _____
 Place of Issuance/Exam: _____ Registration/Certificate/Card/Resolution Date: _____

Requested By: _____
 Signature of the Eligible/Examinee _____
 Signature at the Time of Issuance/Exam _____
 Contact No. _____

Right Thumb Print
(Examinee/Eligible)

Authorized Representative
(Printed Name & Signature)

 Contact No. _____

ACTION TAKEN

CHECKED DATA AGAINST THE ML
 Book No. _____ Page No. _____ Seq./Line No. _____
 School Code/Batch No. _____ Examinee/Reg. No. _____
 Date Issued/Released: _____

NO AVAILABLE RECORD

REMARKS _____
Name/Signature/Initials: _____
 1st Verifier: _____ 2nd Verifier: _____
 Date: _____ Date: _____

CHECKED DATA AGAINST THE PSP

	In Order	Not In Order
Photo/Picture	<input type="checkbox"/>	<input type="checkbox"/>
Signature	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS _____
 Security Form No.: _____
 1st Validator: _____ 2nd Validator: _____
 Date: _____ Date: _____

RELEASE OF REQUEST/S

Fee: _____ O.R. No.: _____
 Date: _____ Date: _____

Released by _____ Received by _____
 Action Officer _____ Signature of Eligible/Representative _____

Date: _____
 Time: _____