



Republic of the Philippines
Office of the President
GAMES AND AMUSEMENTS BOARD

2/F Legaspi Towers 200, Paseo de Roxas, Makati City

APPLICATION FOR LICENSE (CYCLING)

License No. _____

License Applied For : _____ New Renewal

Name : _____ Nick Name/Alias : _____
(Surname) (First Name) (M.I.)

Home/Office Address : _____ Contact Number : _____ Gender : _____

Date of Birth : _____ Age : _____ Place of Birth : _____

Citizenship : _____ Civil Status : _____ Team Affiliation : _____

Documentary Requirements :

1. Application Form with Photo
2. Income Tax Return or any Proof of Financial Capacity (Promoter / Manager)
3. PRC License (Physician)
4. UCI Identification for UCI Sanctioned Tournaments only)
5. For **MINORS**
 - a. Notarized Parental Consent Supported by Parents Govt Issued ID
 - b. Birth Certificate (NSO/PSA)

Processed By :

Signature over Printed Name

Date

I HEREBY CERTIFY that the foregoing information and data together with the attached papers are true and correct. Should this application be approved, I bind myself to uphold and comply with the provisions of the Law governing the sports or games and the rules and regulations promulgated there under, and all resolutions adopted or which may hereunder be adopted by the Board.

Date : _____

(APPLICANT'S SIGNATURE)

I HAVE EVALUATED herein applicant at _____ on _____, and hereby recommend **APPROVAL /DISAPPROVAL**.

Medical Requirements :

1. Drug Test
2. Physical Examination (by GAB Doctor)
3. Pediatric Clearance (**Minors 14-16yrs old**)

Clinic Physician

PTR No. _____

Bill No : _____

Date : _____

License Fee : _____

LRF : _____

Penalty : _____

Total : _____

Check No. _____

O.R. No : _____

Cashier _____

RECOMENDING APPROVAL :

DIOSCORO B. BAUTISTA
Chief, Pro Sports Division

APPROVED BY :

ABRAHAM KAHLIL B. MITRA
Chairman