



OFFICE OF THE CITY MAYOR
BUSINESS PERMITS AND LICENSING OFFICE

AUTHORIZATION REPRESENTATIVE

The authorized representative will submit your application, follow the submission of your application, and/or someone who has your permission to conduct business on your behalf. You may have one representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your file.

SECTION A: APPLICANT INFORMATION

1. Your Full Name

Surname

Given Name

2. Your Date of Birth

3. Your Business Information

Mayor's Permit No.

Business Name

Business Address

Position

SECTION B: APPOINTMENT OF REPRESENTATIVE

I authorize the following individual to serve as my representative and to conduct business on my behalf with Digos City Business Permit and Licensing Office.

4. Your Representative's Full Name

Surname

Given Name

5. Your representative: (choose one)

- is UNCOMPENSATED and is a:
 family member or friend
 member of a non-governmental or religious organization
 other
 is or will be COMPENSATED

6. Your representative's contact information

Name of firm or organization (if applicable):

Mailing address:



Republic of the Philippines
Province of Davao Del Sur
CITY OF DIGOS



Postal code/ZIP:
Telephone number:
E-mail address:

By indicating your representative's email address, you are hereby authorizing BPLO to transmit your file and personal information to this specific email address.

7. Your representative's declaration:

I declare that the information in Section B is truthful, complete and correct.

I understand and accept that I am the person appointed by the applicant to conduct business on the applicant's behalf with Digos City Business Permit and Licensing Office.

Signature of representative	<input type="text"/>	ID Number	<input type="text"/>
Date	<input type="text"/>		

SECTION D: YOUR DECLARATION

I declare that I have fully and truthfully answered all questions on this form and any attached document (if applicable).

I also declare that I have read and understood all the statements on this form, having asked and obtained an explanation for every point that was not clear to me.

Signature of applicant	<input type="text"/>	ID number	<input type="text"/>
Date	<input type="text"/>		

WARNING! It is a serious offense to give false or misleading information on this form.

ACKNOWLEDGMENT

BEFORE ME, a Notary Public in and for _____, personally appeared known to me and known to be the same person who executed the foregoing authorization and acknowledged to me that the same is their own free act and voluntary deed.

WITNESS my hand and Notarial Seal this _____ day of _____ 20_____.

Doc. No. _____;
Book No. _____;
Page No. _____;
Series of : _____.