



Professional Regulation Commission

APPLICATION FOR PROFESSIONAL IDENTIFICATION CARD

- ☐ ORIGINAL ID
☐ DUPLICATE
☐ REPRINT
☐ CHANGE OF NAME

Paste here
your recent
PASSPORT
SIZE colored
picture in white
background
with name tag

NAME: _____ Last Name _____ First Name _____ Middle Name _____

PERMANENT MAILING ADDRESS: _____

DATE FILED: _____ (mm/dd/yy) PROFESSION: _____ EXAM DATE: _____ (mm/dd/yy)

REGISTRATION DATE: _____ (mm/dd/yy) LICENSE NO: _____ EXPIRATION DATE: _____ (mm/dd/yy)

CITIZENSHIP: _____ BIRTH DATE: _____ TEL. NO. _____

This is to certify that all information above are true and correct.

SIGNATURE OF LICENSEE _____

FOR PRC PROCESSING

YLP FROM: _____ TO: _____ P/ _____

SURCHARGE: _____ Amount: _____ O.R. No.: _____

TOTAL AMOUNT: _____ Date: _____ Issued by: _____

VERIFIED AND ASSESSED BY: _____

ID CLAIM SLIP

ISSUED BY: _____

DATE FILED: _____

NAME:	AMOUNT:
PROFESSION:	O.R.
LICENSE NO.:	DATE:
APPLICATION TYPE: <input type="checkbox"/> ORIGINAL ID <input type="checkbox"/> DUPLICATE <input type="checkbox"/> REPRINT <input type="checkbox"/> CHANGE OF NAME	

Please present this slip to claim your professional ID on _____ at Window

(NOTE: REPRESENTATIVE WITH PROPER IDENTIFICATION SHOULD PRESENT SPECIAL POWER OF ATTORNEY / AUTHORIZATION LETTER FROM THE REGISTERED PROFESSIONAL AND THIS ORIGINAL CLAIM SLIP) FOR CONFIRMATION PLEASE CALL UP (02) 736-22-48.

REG-03

Rev. 00

February 25, 2015

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