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DEC 2 7 2013

PPA ADMINISTRATIVE ORDER

No. <u>07</u> - 2013



TO

All District and Port Managers,

Ancillary Service Operators, Cargo Handling Contractors,

Shipping Companies, Consignees/Shippers

And Others Concerned

**SUBJECT** 

Simplification of Procedures in the Processing and Issuance

of Permits to Operate Ancillary Services in the Ports

Pursuant to Section 2 (f), Article II and Section 6-a (ii), (iii), (v), (x), 6-b (xv) Article IV of PD 857, as amended and in line with the PPA's thrust of enhancing its competitiveness in the provision of vital port services, the following guidelines are hereby prescribed amending the Glossary of Terms on Ancillary Services (Annex "A"), Sections 6.2.1 (Annex B) and 6.2.2 (Annex C) of PPA AO No. 08-96 entitled "Regulations for the Registration and/or Grant of Permits for the Operation of Ancillary Services in the Ports":

#### 1. Application for Permit to Operate (PTO)

Applications for a permit to operate ancillary service shall be filed with the concerned Port Management Office (PMO) where the applicant intends to operate.

#### 1.1 For New Application

The applicant shall accomplish the prescribed PPA Application Form and Customer Registration Form to be submitted together with the following supporting documents:

- 1.1.1 Specific area of operations with sketch
- 1.1.2 Proposed ancillary rates
- 1.1.3 Duly Notarized Omnibus Undertaking

#### MISSION

**VISION** 

#### 1.2 For Renewal Application

The applicant shall file the prescribed Application Form within thirty (30) days before the expiration of the permit together with a duly Notarized Omnibus Undertaking. Failure to file within the prescribed period without justifiable reason constitutes a ground for non-extension of the Permit to Operate (PTO).

#### 2. Sworn Affidavit of Undertaking

All ancillary service provider applicants shall execute a duly notarized Omnibus Sworn Statement and shall comply with all the terms and conditions thereof. Otherwise, the permit issued is deemed revoked/cancelled. It shall be the responsibility and accountability of the applicant to comply with all the requirements prescribed by other government agencies in relation to his/her application for a PTO.

#### 3. Classification of Ancillary Services and Fees

- 3.1 The Glossary of Terms provided under Annex "A" of PPA Administrative Order No. 08-96 which categorized the ancillary services into Port Ancillary Services I and Port Ancillary Services II shall no longer apply.
- 3.2 Pending rationalization of the ancillary services fees, the applicable fees to be collected by PPA for the issuance of the PTO to service providers are the following:

Regulatory Fee

₱ 1.500.00

Permit Fee

₱ 300.00

VAT

All other provisions of PPA Administrative Order No. 08-96 remain valid and enforceable.

This Order shall take effect fifteen (15) days after publication in newspapers of general circulation.

TOMÁS B. CARLOS Officer-in-Charge

Published in the Philippine Star - December 30, 2013

Effectivity Date January 14, 2014



# APPLICATION FOR PERMIT TO OPERATE ANCILLARY SERVICES

Application No. \_\_\_\_\_
Date\_\_\_\_

	<del> </del>					
	T PROFILE					
Name of Applicant/Company:						
Name of Authorized Representative (as applicable):						
Office Address:	Tel. No.					
Billing Address:	Tel. No.					
Email Address:	Fax No.					
Tax Identification No. (TIN)	SEC Reg. No. BDT No.					
Business Type:	· ·					
Single Brancistarship	rehin Corporation					
Single Proprietorship Partner Nature of Business:	rship Corporation					
Table of Galliago.						
Please mark (X) on appropriate box	Renewal					
TYPE OF ANCILL	.ARY SERVICE(S)					
☐ Transport/Trucking Services	Vessel Maintenance/Repair Service					
Security Service	Cargo Surveying Service					
☐ Waste Disposal Service ☐	Container Repair					
☐ Bunkering	Cleaning Service					
☐ Chandling	Communication Service					
☐ Water Supply	Fumigation					
☐ Shops/Stores/Canteen	Laundering					
☐ Ligtherage/Barging	Parking/Garage					
Reproduction Service	] Towing/Tugging Service					
☐ Water Taxi	Weighbridge/Truck Scale					
Duration: Days Months Years	Others					
	·					
VALIDATION FOR SEA LIGHT CHILLY						
VALIDATION FOR PPA USE ONLY Documentary Checklist						
Permit Fee	-					
Date of Payment	New Renewal  ☐ Application Form ☐ Application Form					
Recommending Approval:	Customer Registration Form					
Business Development/Marketing Officer						
Approved:						
Port Manager						
FOIL Manager						



### **CUSTOMER REGISTRATION FORM**

(For TRADE ACCOUNT)

Reminders:			·	· · · · · · · · · · · · · · · · · · ·		
Asterisks (*) mandatory fields, fill-up.     Accomplish one (1) copy per Customer.						
Accomplish one (1) copy per Custorner.     Submit accomplished Customer Registration Form to MISD Data Conversion Group (Fax # 527-47-49 )						
Attach required supporting documents with this form						
* Action: [C] Cre	ate / [R] Revise / [D	] Delete		Customer Code :		
	ondenkalanterijaleksisi (  1 ists eleksisiya e.e.			(System Generated)		
		To be fil	led out by C	ustomer <b>Exam</b>		
Customer Details						
* Customer Name:						
* Short Name:			* DTI Registr	ation Number:		
* Address:	1 1 1 1	1 1 1 1	1 1 1			
		<u> </u>				
Postal/Zip Code:			* TIN:			
Communications						
*Contact Name:						
			<del> </del>			
*Contact Position:		<del>                                     </del>		Fax No. :		
*Telephone 1:				E-mail:		
Telephone 2:			,	E-111dil .		
Prepared by:			Date:	<del></del>		
For PPA Accounting Use Only						
* PPA Office:						
* Customer Group: (check groups that apply)						
Customer Group	ATC Code Account Category:					
	EWT	CWT	Account Category.			
☐ Ancillary Services			Check the ap	propriate Account type		
☐ Cargo Handling				⊠ Cash	☐ Credit w/ RF	
Shipping Lines				☐ Credit w/o RF	☐ Centralized RF	
☐ Gov't Office					☐ Decentralized RF	
☐ Employee				Payment Terms:	C000 - CASH	
Lessee					-	
Utility User				Currency Type:	PHP - Philippine Peso	
□ STU		<u></u>				
Others						
Prepared By/Date:	Authorized by/Date		Encoded By:		Checked By/Date:	

General Instructions	Indicate Name of the Person who accomplished the form & affix signature and date when the form was accomplished.
Indicate the Application type/action by marking the appropriate letter on the box provided.	Example: Prepared by: Juan De la Cruz Date: 01/16/2004
Example: C [C] Create / [R] Revise / [D] Delete	For PPA Accounting Use Only
To be filled out by Customer	Indicate the Office name and Customer Group with respective descriptions in the boxes/lines provided.
Indicate the Customer Name in the boxes provided.	Example: PPA Office: PMO-North Harbor
Example: Customer Name:  O C L L I M I T E D  2. Indicate the Customer Short Name in the boxes provided.	
Example: Short Name:  O C L	Indicate the ATC Code (Choices for EWT and CWT are the following)
Example: DTI Registration No.:  1 5 5 6 9 9 0 0 2 1  4. Indicate the Customer Address in the boxes provided.  Example: Address:	ATC Code EWT  WC100 - 5% - Rentals : Real/personal properties, poles, Satellites and Transmission facilities, billboards used in business which the payor or obligator used in business has not taken or is not taking title or in which has no equity  WC157 - 2% - Payments made by Government Offices on Local Purchase of Goods and services from Local/resident
S         U         P         E         R         T         E         R         M         I         N         A         L         ,           P         I         E         R         1         5         I         I         N         A         L         ,         I	suppliers  WC160 - 2% - Income payments made by top 10,000 private
S   O   U   T   H	corporations to their local/resident suppliers of services  ATC Code CWT
A R E A , M A N I L A      Indicate the Customer Address ZIP/Postal Code in the boxes provided. Check consistency of code w/ address above  Example: Zip/Postal Code  1 0 1 3  6. Country value is pre-supplied.	WC120 - 2% - Prime Contractors/sub-contractors WC157 - 2% - Payments made by Government Offices on Local Purchase of Goods and services from Local/resident suppliers WC160 - 2% - Income payments made by top 10,000 private corporations to their local/resident suppliers of services WV020 - 5% - VAT withholding on Purchase of Services
Example: Country:  P H Philippines	Account Category is pre-supplied with default value to "Cash".
7. Indicate the Customer TIN in the boxes provided.  Example: TIN	Example: 🗵 Cash
9 1 2 3 5 7 8 6 0 8 6 0 0	4. Payment Term Code value is pre-supplied with default value to 'Cash".  Example: Payment Terms: C0000 - Cash
<ol> <li>Indicate the Customer Contact Person's Name, Contact Position, Contact Number/s, Fax No and E-mail Address in the boxes/line provided.</li> </ol>	5. Currency Type value is pre-supplied with default value to" Php Peso
Example:           Contact Name:           J   U   A   N   D   E   L   A   C   R   U   Z	Example: Currency Type: Philippine Peso
Contact Position: A G E N T	6. Indicate Names and Dates and affix respective signatures of the persons who provided the information, gave authority to encode, encoded the information and validated the accuracy. Example:
Telephone 1: 0 2 3 0 1 9 2 9 1	ALBorbon RDPineda SBVitales 01/19/04 01/19/04 01/20/4 Prepared By/ Date: Authorized By/ Date: Encoded By/ Date:
Telephone 2: 0 9 1 7 4 3 2 5 5 6 6	RDMedina
Fax No.: 0 2 3 0 1 9 2 9 2	01/21/04 Checked By/ Date:
E-mail: ocl@yahoo.com	

## OMNIBUS UNDERTAKING (SWORN AFFIDAVIT)

REPUBLIC OF THE PHILIPPINES) CITY/MUNICIPALITY OF					
AFFIDAVIT					
(Name of Applicant/Port Owner/Operator), of legal age, (Civil Status), (Position/Title, (Name of Company/Address), after having been duly sworn in accordance with law, do hereby depose and state that:					
I. I hereby apply for the Authority's issuance of Permit to Operate (PTO) (service/s to be provided) at the Port of					
<ol><li>As an applicant, I have full power and authority to do, execute and perform any and all acts necessary to represent it in seeking from PPA the (type of permit) being applied for.</li></ol>					
<ol> <li>I have complied and secured all the necessary government clearances/permits necessary to operate my business.</li> </ol>					
<ol> <li>I hereby authorize your duly authorized official/employee to verify the statements/documents and information submitted herewith, to substantiate my eligibility as an applicant for a PTO.</li> </ol>					
<ol> <li>It is understood that I have complied with the requirements of other concerned government agencies prior to the operation of the ancillary service being applied for and I am fully responsible and accountable in complying with said requirements.</li> </ol>					
<ol> <li>I hereby acknowledge that I have full knowledge of pertinent laws, regulations covering ancillary service operation.</li> </ol>					
7. I hereby acknowledge that I have fully read the information supplied in the application and any false or misleading information provided therein shall be a ground for the cancellation of the PTO issued, without prejudice to the filing of appropriate administrative, civil and criminal case against me and/or the company/entity I represent.					
<ol> <li>I hereby hold PPA from all liens, encumbrances and liabilities resulting from non-compliance therewith.</li> </ol>					
<ol><li>9. I am executing this Omnibus Sworn Statement to attest to the veracity of the foregoing statements in support of the above-cited application.</li></ol>					
IN WITNESS WHEREOF, I have hereunto set my hand thisday of,, in the City of, Philippines.					
Ancillary Service Operator					
SUBSCRIBED AND SWORN to before me thisday of					
(Notary Public)					

Doc. No. \_\_\_\_\_ Page No. \_\_\_\_\_ Book No. \_\_\_\_\_ Series of \_\_\_\_\_