



Republic of the Philippines
DEPARTMENT OF TOURISM
PHILIPPINE COMMISSION ON SPORTS SCUBA DIVING



APPLICATION NO. _____

APPLICATION FOR ACCREDITATION AS A SCUBA DIVING ESTABLISHMENT

**The Executive Director
Philippine Commission on Sports Scuba Diving
Department of Tourism Building
Makati, NCR**

Sir/Madam:

Pursuant to the provisions of Letter of Instruction No. 745, and the PCSSD Rules and Regulations governing the accreditation of SCUBA Diving Establishments in the Philippines, further strengthened by Section 31 of the Republic Act 9593: Tourism Policy Act of 2009 for the Department of Tourism (DOT), this establishment hereby seeks accreditation with the PCSSD to operate a SCUBA diving establishment.

The following are the facts related to my business and capacity to engage in such:

NAME OF ESTABLISHMENT: _____

Date Established: _____ TIN No.: _____

Address: _____
(Street & Barangay) (City/Municipality/Province)

Tel. No.: _____ Mobile No.: _____

Email Address: _____ Website: _____

Manila Address (if any) : _____

Type of Organization: Sole Proprietorship Partnership Corporation

Name of Owner/ Managing Company: _____

Address: _____

Contact No.: _____ Nationality: _____

REQUIREMENTS:

Type of Document	Date Issued	Expiration Date
1. BUSINESS Registration <ul style="list-style-type: none"> ○ Single Proprietorship: Business Name Certificate (DTI) ○ Partnership- SEC ○ Corporation- SEC (Disclaimer: Check which is applicable to your establishment)		
2. Mayor's Permit		
3. Valid Visa / current ACR for foreign nationals		
4. Labor permit for foreign nationals (DOLE)		

Copies of the documents listed above should be provided (scanned or photocopied)

EMPLOYMENT DATA:

Position	Name	Address	Nationality	Contact No.
Managerial/Supervisory				
Rank and File				
In-house Dive Professionals				
General Manager				
Marine Sports Manager				
Dive Instructor				
Dive Instructor				
Asst. Dive Instructor				

PHILIPPINE COMMISSION ON SPORTS SCUBA DIVING
DEPARTMENT OF TOURISM

The New DOT Building, 351 Sen. Gil Puyat Avenue, Makati City, NCR 1200 Philippines
Tel Nos. (02) 524-2242 Email: morefun@divephilippines.com.ph | pcssd_dot@yahoo.com.ph

Divemaster				
Freelance Dive Professionals				
Divemaster				
Dive Instructor				
Dive Instructor				
Asst. Dive Instructor				
Divemaster				
Divemaster				
Macro Dive Guide				
Macro Dive Guide				

Names of two (2) In-house employees entitled to a 50% discount at all PCSSD-owned Hyperbaric Chambers:

Validity is automatically **revoked** when:

1. The employee declared to receive the 50% discount resigns even if the accreditation of the dive establishment is still valid.
2. The accreditation of the dive establishment has expired.
3. Declared employees are required to fill-out and submit application for Dive Individuals.

Name: _____

Name: _____

SERVICES OFFERED

<input type="checkbox"/>	Direct importer / or wholesaler of major diving equipment
<input type="checkbox"/>	Selling or retail of scuba diving-related equipment and accessories
<input type="checkbox"/>	Renting out scuba and technical diving-related equipment
<input type="checkbox"/>	Providing gas fill for technical diving (EANx / Trimix)
<input type="checkbox"/>	Providing air fill service
<input type="checkbox"/>	Conducting dive tours
<input type="checkbox"/>	Servicing and repair of scuba and technical diving-related equipment
<input type="checkbox"/>	Others (please specify) _____

GENERAL FACILITIES:

<input type="checkbox"/>	Accommodation	<input type="checkbox"/>	Sports & Recreational Facilities
<input type="checkbox"/>	Dining	<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	Conference & Convention	<input type="checkbox"/>	Parking
<input type="checkbox"/>	Lounge and Reception Counter	<input type="checkbox"/>	Others _____

SCUBA DIVING FACILITY:

Diving Equipment Rental	Qty
Regulator	
SPG	
Depth Gauge	
Buoyancy Control Device BCD	
Dive Computer	

Accessory Diving Equipment Rental	Qty
Weight Belt / weights	
Underwater camera	
Underwater Reel	
Survival balloon	
Others	

Snorkeling Equipment Rental	Qty
Mask	
Fins	
Snorkel	
Buoyancy Device	

AIR / GAS FILL FACILITY:

	Qty
Tank (recreational)	
Tank (technical)	
Air Compressor	
Air Bank (cascades)	
Gas (EANx) Mix	

Other Aqua Sports Facilities

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Windsurfing | <input type="checkbox"/> Board sailing | <input type="checkbox"/> Jet Skiing |
| <input type="checkbox"/> Kayaking | <input type="checkbox"/> Boating | <input type="checkbox"/> Parasailing |
| <input type="checkbox"/> Snorkeling/Skin diving | <input type="checkbox"/> Boat Skiing | |

Medical & / or Emergency Services (Identify)

- | | |
|---|---|
| <input type="checkbox"/> In-house/on-call Medical Personnel | <input type="checkbox"/> Portable Automated External Defibrillator (AED) |
| <input type="checkbox"/> Emergency / First-Aid Provider (certified) | <input type="checkbox"/> Portable oxygen unit, with 100% O2 delivery system |
| <input type="checkbox"/> Nearest Hospital/Clinic: | <input type="checkbox"/> Medical Emergency Management Plan |
-

Available Safeguard Measures for Water-Related Activities:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Signages | <input type="checkbox"/> Designated Zone Marker Buoys | <input type="checkbox"/> Binoculars |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Search Light | <input type="checkbox"/> Flares |
| <input type="checkbox"/> Lifeguard Post | | |
| <input type="checkbox"/> Radio Communication | | |
| <input type="checkbox"/> GPS | | |

As (designation) _____ of the above-mentioned establishment, I certify that I have not been convicted of any criminal offense involving moral turpitude and that all officials and employees of the establishment as listed in the attached sheet are of good moral character and without criminal record. I certify that all the foregoing data and the documents supporting this application are true and correct.

Furthermore, I will abide by the Implementing Rules and Regulations (IRR) of Sports Scuba Diving and other subsequent memoranda/circulars issued by the PCSSD.

Date Filed	Name & Signature over printed name
<hr/>	
Designation	

Accreditation Form should be emailed to:

E-mail: accreditation@divephilippines.com.ph / pcssd_dot@yahoo.com.ph

**YOU CAN VERIFY RECEIPT OF YOUR ACCREDITATION FORM BY CALLING THE PCSSD
OFFICE AT +63 2 524.22.42**

Date of Filing	_____
Processed by	_____
Remarks	_____

Approved by:

Executive Director/Officer-in-Charge