****Republic of the Philippines

NATIONAL POLICE COMMISSION

**PHILIPPINE NATIONAL POLICE**

**POLICE COMMUNITY AFFAIRS AND DEVELOPMENT GROUP**

Camp BGen Rafael T Crame, Quezon City

**APPLICATION FOR ACCREDITATION**

**1. Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Office Address/Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Registration with Other Government Agencies (Number/Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Advocacy/ Areas of Concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Date Established/Organized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. President/Chairman/Date Installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Number of Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Chapters (if any)**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Activities/Projects Undertaken: (Use separate sheet if necessary)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Name/Kind of Project** | **Place/Area** | **Beneficiaries** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**10. Date of Last Accreditation with the PNP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. List of Officers/Members of the Board/Advisers: (Use separate sheet if necessary)**

|  |  |
| --- | --- |
| **Name** | **Designation** |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |

**12. Awards/Commendation/Recognition Received:**

|  |  |  |
| --- | --- | --- |
| **Nature of Award** | **Date Awarded** | **Awarded by** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**13. Have your organization’s accreditation with the PNP been revoked/suspended and/or terminated for cause? \_\_\_\_\_\_\_\_\_\_\_\_ If yes: (Nature of the case and date of Suspension/Termination of Accreditation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Offense** | **Date Suspended/Revoked/Terminated** | **Status** |
|  |  |  |

**14. Does any of your member been charged criminally and/or administratively in connection with any violation of law in the provision of Revised Penal Code (Illegal Usage of Uniforms and Insignia? \_\_\_\_\_\_\_\_\_\_\_\_\_ If yes:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Member** | **Nature of Offense** | **Where/When** | **Status** |
|  |  |  |  |
|  |  |  |  |

**15. Is your organization already affiliated with any government agency other than the PNP? \_\_\_\_\_ if so, state the name of said agency:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby certify that the answers given above are true and correct to the best of my knowledge and belief.**

**I commit myself to be liable for perjury and/or dishonesty as a result of any false misrepresentation or omission.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**President**

**CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Issued on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Issued a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Left Right**

**THUMBMARK**

**2 X 2 PICTURE**

**Subscribed and sworn to before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**200 \_\_ at \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Philippines.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Administering Officer**

|  |  |  |
| --- | --- | --- |
| P H O T O  5.08 cm x 5.08 cm  or  2” x 2”  Personal Data Sheet |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SURNAME FIRST NAME MIDDLE NAME | SEX | CIVIL STATUS | |
|  | [ ] Male  [ ] Female | [ ] Single [ ] widower/Widow  [ ] Married [ ] Separated | |
| IF MARRIED, WRITE MAIDEN NAME | NAME OF SPOUSE | | Occupation |
|  |  | |  |
| DATE OF BIRTH: | PLACE OF BIRTH: | | |
| ADDRESS: | | | |
|  | Cellphone/Telephone: | | |
| MEMBERSHIP IN OTHER ORGANIZATIONS: | | | |
|  |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EDUCATION | NAME OF SCHOOL/  COLLEGE/UNIVERSITY | DEGREE EARNED  (write NONE if  not graduated) | Number of Units  Completed/  Course Title | INCLUSIVE  DATES OF  ATTENDANCE | HONORS  RECEIVED |
| ELEMENTARY |  |  |  |  |  |
| SECONDARY |  |  |  |  |  |
|  |  | Course | |  |  |
| VOCATIONAL |  |  |  |  |  |
| COLLEGE |  |  |  |  |  |
| POST GRADUATE |  |  |  |  |  |
| *(Continue on separate sheet, if necessary)* | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have pending | a) administrative case? | [ ] Yes | | [ ] No | | b) Criminal case? | | [ ] Yes | [ ]No |
| If you have any, give details of the offense. | | | | | | | | | |
| Have you any been convicted of any crimes or violation of any law, decree. Ordinance or regulations by any court  or tribunal? [ ] Yes [ ] No | | | | | | | | | |
| Have you ever been convicted of any administrative offence? | | | | | [ ] Yes | | [ ] No | | |
| *If your answer is “YES,” give details of the offence.* | | | | | | | | | |
| Have you ever been retired, forced to resign or dropped from employment in the public and private sector?  [ ] Yes [ ] No *If “YES,” give reasons.* | | | | | | | | | |
| REFERENCES (Persons not related by consanguinity or affinity to applicant/appointee) | | | | | | | | | |
| *Name* | | | *Address* | | | | | | |
|  | | |  | | | | | | |
|  | | |  | | | | | | |
| I declare that the answers given above are true and correct. | | |  | | | | | | |

Date Accomplished Signature

Community Tax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_