



Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

ANNEX A

REGISTRATION OF PATIENT TRANSPORT VEHICLE (PTV)

Owner of Vehicle: _____
(as reflected in the Land Transportation Office (LTO) Registration)

Complete Address: _____
No. & Street
Barangay

City/ Municipality
Province
Region

Tel. /Fax. No.: _____ **Mobile No.:** _____

E-mail Address: _____

I. Classification:

A. According to Institutional Character:

Institution-Based:

PTVs owned by Health Facilities regulated by the Department of Health (DOH), tick (✓) appropriate box:

- Hospital
 - General : Level 1 Level 2 Level 3
 - Specialty, please specify _____
- Infirmary
- Birthing Home
- Others, please specify _____

Non-Institution-Based/ Free-Standing:

PTVs not owned by Health Facilities regulated by the DOH , tick (✓) appropriate box:

- Provincial Health Office
- Municipal Health Office
- City Health Office
- Rural Health Unit
- Barangay Health Station
- Health Center
- Others, please specify _____

B. According to Ownership:

- Government
- Private

II. No. of Vehicles for Registration: _____

List down the LTO Certificate of Registration and Plate Number or Conduction Sticker Number per vehicle applied for registration:

Vehicle	LTO Certificate of Registration	Plate Number or Conduction Sticker Number
1		
2		
3		

Acknowledgement

REPUBLIC OF THE PHILIPPINES)
CITY/ MUNICIPALITY OF _____) S.S.

I, _____, _____, of legal age, _____, a resident
Name Civil Status Age
of _____, after having been sworn in accordance with
Address
law hereby depose and say that I am executing this affidavit to attest to the
completeness and truth of the foregoing information for the Registration of Patient
Transport Vehicles in the Philippines pursuant to Administrative Order No. 2018-0001
"Revised Rules and Regulations Governing the Licensure of Land Ambulances and
Ambulance Service Providers."

Signature

Before me, this _____ day of _____ 20____ in the City/Municipality of
_____, Philippines, personally appeared the above affiant with
Community Tax Certificate No. _____ issued on _____
at _____, known to me to be the same person/s who executed the
foregoing instrument and they acknowledge to me that the same is their free act and
deed.

IN WITNESS WHEREOF, I have hereunto set my hands this _____ day of
_____, 20_____.

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

NOTARY PUBLIC
My Commission
Expires
Dec. 31, _____