



(THIS FORM IS FREE OF CHARGE AND CAN BE REPRODUCED.)
APPLICATION FORM FOR RENEWAL OF ACCREDITATION

2 PIECES LATEST
2" X 2" PICTURE
WITH WHITE
BACKGROUND
& NAME TAG

Please check (✓) the category you are applying for.

CATEGORY:

Training Director Training Officer Training Instructor

DATE FILLED: _____

I. GENERAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		QUALIFIER
PRESENT ADDRESS (HOUSE NO., STREET, BRGY., TOWN/CITY, PROVINCE)						TELEPHONE NO. /CELL NO.
PERMANENT ADDRESS (HOUSE NO., STREET, BRGY., TOWN/CITY, PROVINCE)						REGION:
BIRTH DATE (Month/Day/Year)				BIRTH PLACE (Town/ City/Province)		
SEX	CIVIL STATUS		HIGHEST EDUCATIONAL ATTAINMENT			RELIGION
[] MALE [] FEMALE	[] SINGLE [] MARRIED	[] WIDOWER [] SEPARATED	[] COLLEGE GRADUATE (specify Course) _____ [] POST GRADUATE (specify Course) _____			

II. LATEST RELATED TRAININGS/ SEMINARS ATTENDED ON PRIVATE SECURITY

TITLE	VENUE	NUMBER OF HOURS	INCLUSIVE DATES	
			FROM	FROM

(Use additional sheet if necessary)

III. EMPLOYMENT RECORDS

NAME OF PRIVATE SECURITY TRAINING SCHOOL	ADDRESS	POSITION	INCLUSIVE DATES

(Use additional sheet if necessary)

III. FIELD OF SPECIALIZATION IN TEACHING (For Training Instructor Only)

<input type="checkbox"/> Bank and Armor Security	<input type="checkbox"/> Drills and Inspection	<input type="checkbox"/> Mail and Commercial Security
<input type="checkbox"/> Basic Communication	<input type="checkbox"/> Emergency Preparedness	<input type="checkbox"/> Marksmanship/Gun Safety Handling
<input type="checkbox"/> Basic Life Support/ First Aid	<input type="checkbox"/> Fire Prevention and Control	<input type="checkbox"/> Physical Security System
<input type="checkbox"/> Bomb Awareness and Detection	<input type="checkbox"/> Gender Awareness and Development	<input type="checkbox"/> VIP/Personal Security and Protection
<input type="checkbox"/> Customer/Public Relation	<input type="checkbox"/> Intelligence	<input type="checkbox"/> Report Writing
<input type="checkbox"/> Courtesy and Discipline	<input type="checkbox"/> Investigation	<input type="checkbox"/> Values Formation
<input type="checkbox"/> Defense Tactics/ Disarming Technics	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Security Survey
	<input type="checkbox"/> Legal Aspect	<input type="checkbox"/> Security Management
		<input type="checkbox"/> Others _____

IV. COMMON REQUIREMENTS FOR ALL APPLICANTS

- | | |
|--|--|
| 1. SOSIA Certificate of Accreditation (Photocopy) | 4. Drug Test Result (<i>Original</i>) |
| 2. License to Exercise Security Profession (Photocopy) | 5. Neuro-Psychiatric Test Result (<i>Original</i>) |
| 3. DI or RID Clearance (<i>Original</i>) | |

V. ADDITIONAL REQUIREMENT

Training Director – Master’s Degree Diploma, Certification of Admission to the BAR if applicant is a graduate of Bachelor of Law (Photocopy)

I HEREBY CERTIFY that all entries I made herein are true and all documents I have attached are genuine and valid to the best of my knowledge.

LEFT THUMBMARK	_____ SIGNATURE _____ PRINTED NAME	RIGHT THUMBMARK
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WARNING: Applications with incomplete or false entries and with fake or invalid documents will not be processed. Same may be used by SOSIA as basis in filing administrative and / or criminal complaint against the applicant.

FEES				
Category	Accreditation fee	License Fee	ID Card Service Provider	TOTAL
Training Director	Php450.00	Php450.00	Php200.00	Php1,100.00
Training Officer	Php450.00	Php450.00	Php200.00	Php1,100.00
Training Instructor	Php450.00	Php450.00	Php 200.00	Php1,100.00

IMPORTANT: SEE BACK PAGE for instructions and guide in organizing application and documents.

Control No. _____

Tear here _____
CLAIM STUB

Please claim/receive your Certificate of Accreditation on _____ at _____

Received by: _____

Date received: _____

OP # _____ Date: _____

SBR # _____ Date: _____

Control No. _____

REQUIREMENTS:

RENEWAL

TRAINING DIRECTOR		TAB
Resume with 2pcs 2X2 pictures (ORIGINAL)		"A"
Latest SOSIA Certificate of Accreditation (PHOTOCOPY)		"B"
License to Exercise Security Profession (LESP) (PHOTOCOPY)		"C"
Master's Degree Diploma and Transcript of Records or Certification of Admission to the BAR if applicant is a graduate of Bachelor of Law (Photocopy) (PHOTOCOPY)		"D"
DI or RID Clearance (ORIGINAL)		"E"
Drug Test Report (ORIGINAL)		"F"
Neuro-Psychiatric (NP) Evaluation Report (ORIGINAL)		"G"

TRAINING OFFICER		TAB
Resume with 2pcs 2X2 pictures (ORIGINAL)		"A"
Latest SOSIA Certificate of Accreditation (PHOTOCOPY)		"B"
License to Exercise Security Profession (LESP) (PHOTOCOPY)		"C"
Security Professional Trainers Training Course or its equivalent (PHOTOCOPY)		"D"
DI or RID Clearance (ORIGINAL)		"E"
Drug Test Report (ORIGINAL)		"F"
Neuro-Psychiatric (NP) Evaluation Report (ORIGINAL)		"G"

TRAINING INSTRUCTOR		TAB
Resume with 2pcs 2X2 pictures (ORIGINAL)		"A"
Latest SOSIA Certificate of Accreditation (PHOTOCOPY)		"B"
License to Exercise Security Profession (LESP) (PHOTOCOPY)		"C"
Security Professional Trainers Training Course or its equivalent (PHOTOCOPY)		"D"
DI or RID Clearance (ORIGINAL)		"E"
Drug Test Report (ORIGINAL)		"F"
Neuro-Psychiatric (NP) Evaluation Report (ORIGINAL)		"G"

- Who shall file : Any Filipino citizen not less than 21 years of age after complying both the academic/scholastic and skills/training requirements subject to other requirement prescribed by RA 5487.
- How to file : Fill out this Application form T – 02 and submit application folder with complete requirements.
- Where to file : To STMD, SOSIA, CSG Camp Crame, Quezon City with endorsement from Regional Civil Security Unit (RCSU) for applicant based outside Metro Manila.
- When to file : Monday to Friday 8:00AM to 5:00PM except holidays

For inquiry please contact STMD Office with this no. **650-3542** or RCSU _____

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Training Director	Php450.00	Php450.00	Php200.00	Php1,100.00
Training Officer	Php450.00	Php450.00	Php200.00	Php1,100.00
Training Instructor	Php450.00	Php450.00	Php 200.00	Php1,100.00