

Republic of the Philippines Department of Agriculture

BUREAU OF FISHERIES AND AQUATIC RESOURCES VIII

Regional Office No. 8 3rd Floor MRGP Bldg., Brgy. 77, Marasbaras, Tacloban City

CERTIFICATE OF CLEARANCE

	Date			
THIS IS TO CERTIFY THAT THE FISHING VESSEL		is		
	(Name of Vessel) (Fishing Ground) IG HAD BEEN CONDUCTED AND FOUND TO BE IN ORDER:			
CLEARED FOR THE FISHING TRIP TO				
INVESTIGATION OF THE FOLLOWING HAD BEEN CO				
NAME OF FISHING VESSEL:	VOYAGE NO.:			
OWNER:		_		
LICENSEE:				
GROSS TONNAGE:				
CFV/GLINU	1330ED ON. EAFIRATION.			
CERT. OF PHIL REG. NO.:	ISSUED ON:			
FISH. VESSEL SAFETY CERT.	DATE OF EXPIRATION:			
TYPE OF FISHING VESSEL:	TYPE OF FISHING GEAR:			
NO OF AUTHORIZED OFFICERS & CREW MEMBERS:	NO OF ON BOAPD:			
DEDARTIDE DI ACE:	DATE: TIME:			
DEPARTURE PLACE: RADIO CALL SIGN:				
DIMED NO :	ICCLIED ONL:			
VAAC INICTALLATIONI.	ISSUED ON EXPIRATION.			
VMS INSTALLATION:	CERTIFICATION-ISSUED:			
FIRE FIGHTING EQUIPMENT, LIFE-SAVING DEVICES, I	ETC. QUAN	ITITY		
FIRE EXTINGUISHER	LIFE RAFTS			
EIDE AVEC	DINIC LIEEDLICY			
EIDE HOCE				
EIDE DI MADO	MEDICINIES			
				
FIRE BUCKETS				
FIRE BOATS	CABLES			
PROVISIONS				
ICE (CRUSHED) NO. OF BLOCKS	RICE (NO. OF SACKS)			
CRUDE OIL (NO. OF DRUMS/GALS.)	LUB. OIL (NO. OF DRUMS/GALS.			
GASOLINE (NO. OF DRUMS/GALS.)	VEDOCENIE /I DO			
	OR OBNOXIOUS SUBSTANCE, CONTRABAND AND DIED BY LAW HAS BEEN FOUND ABOARD THE VESSEL AT PAY.			
RECOMMENDING APPROVAL:	APPROVED:			
Authorized Official	Authorized Official	Authorized Official		
 Designation	Designation			
PAID UNDER O.R. NO				
AMOUNT: DATE:				
INITIAL OF COLL. OFFICER				
O. OOLL, O IOLN				

- NOTE: 1. THIS CERTIFICATE OF CLEARANCE SHALL BE VALID FOR A PERIOD OF ONE (1) MONTH FROM THE DATE OF ISSUANCE WITH FEE OF ONE HUNDRED (P100.00) PESOS (RECEIPT ATTACHED) REGARDLESS OF TONNAGE AND NUMBER OF VOYAGES.
 - 2. THIS CERTIFICATE OF CLEARANCE MUST BE SURRENDERED AFTER ONE (1) MONTH TO ANY PERSONNEL OF THE BUREAU OF FISHERIES AND AQUATIC RESOURCES ON DUTY THEREOF TOGETHER WITH THE FISH CATCH REPORT OF THE SAID VESSEL WITHIN THE SAID PERIOD.

NAMES AND PARTICULARS OF OFFICERS CREW MEMBERS AND FISH WORKER

NAME OF CREW MEMBER	POSTAL ADDRESS	LICENSE / ID NO.	EXPIRATION	DESIGNATION		
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REMARKS:						
VERIFIED BY:	CERTIFIED BY:					
INSPECTING OFFICER	OWNER / OPERATOR OR					

DESIGNATION: ______PLACE OF INSPECTION: ___

TIME: __

DULY AUTHORIZED REPRESENTATIVE