



**CLARK DEVELOPMENT CORPORATION**

**OFFICE OF THE VICE PRESIDENT/SECURITY SERVICES GROUP**

**PRIVATE SECURITY AGENCY ACCREDITATION**

Clark Freeport Zone, Pampanga, Philippines

**APPLICATION FOR NEW ACCREDITATION**

FM-CDC-PSD-PSAA-01

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Firm:** | | | | |
| **Office Address:** | | | | |
| **Contact Person & Position** | **Tel:** | | **Fax:** | **E-mail:** |
| **Taxpayer’s Identification Number (TIN):** | | | | |
| **Type of Organization: (*Please Check)***  **[ ] Corporation [ ] Sole-Proprietorship [ ] Others**  **[ ] Partnership [ ] Joint Venture** | | | | |
| **Nature of Business (Please describe specific nature of activity you intend for Clark)** | | | | |
| **REQUIREMENTS: (Please see attached)** | |  | | |

**Schedule of Payment: *(Please check one)***

* **One (1) Year Accreditation - Php 5,000.00**
* **Two (2) Years Accreditation - Php 10,000.00**
* **Three (3) Years Accreditation - Php 15,000.00**

**Note: The Certificate of Accreditation that will be issued is without prejudice to inspection if circumstances warranted and maybe revoked or cancelled by the CDC for commission or violation on the terms and conditions, policy guidelines for accreditation, or any laws or orders of the Republic of the Philippines.**

I understand that this application for accreditation is subject to evaluation & approval of the CDC and therefore subject myself to its existing and future policies, rules and regulations. Any false/fraudulent statement made herein as well as violations on my part of any said policies, rules and regulations shall be sufficient grounds for denial of Accreditation Certificate or revocation of the same.

**Signature Over Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**CLARK DEVELOPMENT CORPORATION**

**LIST OF REQUIREMENTS for CDC Security Accreditation (New Applicant)**

**Please fill out the CDC application form and submit the following documents:**

1. **Letter of Intent** addressed to the CDC President and CEO.

**COMPANY PROFILE / BACKGROUND**

1. **Certificate of Registration** issued by the Department of Trade and Industry (DTI) or the Security and Exchange Commission (SEC).
2. **Articles of Incorporation and By-Laws**, applicable to corporations or partnerships.
3. **Company Profile/Background**, which should include, but is not limited to the following information:

*a) Company overview and history;*

*b) Organizational Structure including names of principal officers and consultants (if any)*

*c) Profile of Company Officials;*

*d) Bio-data of Supervisors fielded in the Project;*

*e) Names and addresses of sister companies, mother companies and/or subsidiaries engaged in security services, if any.*

1. **Complete List of Past and Present clients** from the preceding year, indicating:
2. *number of security guards deployed;*
3. *number of shifts;*
4. *clients’ addressees, telephone numbers, and contact persons.*
5. **Complete List of Security Guards/Employees** and their corresponding license numbers and expiry dates. (Latest monthly disposition of guards/employees duly received by SOSIA, both printed and electronic copies in Excel format).

**PERMITS, LICENSES, and CLEARANCES**

1. **Valid License to Operate (LTO)** issued by PNP-SOSIA.
2. **Valid Clearance** from PNP-SOSIA.
3. **Business Permit/License**
4. **List of Security Facilities and Other Support Equipment** owned and/or registered under the name of applicant PSA:
5. *Current National Telecommunications Commission licenses or permits to operate radio communication facilities;*
6. *List of firearms with complete description (make, type and caliber);*
7. *Photocopies of all firearms licenses issued by the PNP-FED under the applicant’s name including License to Own and Possess Firearm (LTOPF).*

**REGULATORY CERTIFICATIONS**

1. **DOLE DO-174 Registration Certificate**
2. **VAT Registration Certificate.**

**TAX OBLIGATIONS & REMITTANCES OF SOCIAL BENEFITS (SSS, PAG IBIG, PHILHEALTH)**

1. **BIR Tax Clearance** or Certification from the Regional Office where the applicant’s income tax returns were filed.
2. **Income Tax Returns** with confirmation receipt for the past year immediately preceding the application.
3. **Proof of Remittances** to SSS, PAG-IBIG & PHILHEALTH for at least three (3) months preceding the application.

**COMMITMENT TO CDC**

1. **Notarized Certification** affirming that PSA is in operation for at least two (2) years, and an **Affidavit of Undertaking** that the security guards to be deployed have at least one (1) year experience. (Use the CDC template)

***Footnote:***

* ***Document Verification****: Bring all original documents.*
* ***Arrangement:*** *Ensure that documents are tabbed and numbered per the List of Requirements. Indicate "N/A." for non-applicable items.*
* ***Accreditation Validity:*** *PSAs applying for 2 or 3-year accreditation validity must submit items 5, 6, 7, 9, 10, 11 & 13 for any changes or upon expiration.*
* ***Inquiries:*** *For questions, contact the Security Accreditation Secretariat at (045) 599-3211 or (045) 599-3212.*



**CLARK DEVELOPMENT CORPORATION**

**LIST OF REQUIREMENTS for CDC Security Accreditation (Renewal)**

**Please fill out the CDC application form and submit the following documents:**

1. **Letter of Intent** addressed to the CDC President and CEO;
2. **Valid License to Operate (LTO)** issued by PNP-SOSIA
3. **Valid Clearance** from PNP-SOSIA;
4. **Business Permit/License;**
5. **BIR Tax Clearance** or Certification from the Regional Office where the applicant’s income tax returns were filed;
6. **Proof of Remittances** to SSS, PAG-IBIG & PHILHEALTH for at least three (3) months preceding the application.

***Footnote:***

* ***Document Verification****: Bring all original documents.*
* ***Arrangement:*** *Ensure documents are tabbed and numbered per the List of Requirements. Indicate "N/A." for non-applicable items.*
* ***Accreditation Validity:*** *PSAs applying for 2 or 3-year accreditation validity must submit items 5, 6, 7, 9, 10, 11 & 13 for any changes or upon expiration.*
* ***Inquiries:*** *For questions, contact the Security Accreditation Secretariat at (045) 599-3211 or (045) 599-3212.*

**AFFIDAVIT OF UNDERTAKING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of legal age, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ an office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby depose and say;

1. That I am an (Officer/Owner/Operator) of (name of Private Security Agency) located at (address);
2. That I fully understand the policy of CDC on Accreditation of Private Security Agencies operating inside the Clark Freeport Zone and the Clark Special Economic Zone (CSEZ);
3. That I hereby comply with the requirements that I will not post any Security Guard inside CFZ/CSEZ who has less than one (1) year experience as a Security Guard;
4. That as an accredited Private Security Agency operating inside the CFZ/CSEZ, I will always abide with the rules and regulations at CFZ/CSEZ, as well as, the policies implemented by CDC;
5. That I will cooperate and assist the CDC PSD Police in times of emergencies;
6. That I am voluntarily making this Affidavit of Undertaking and fully aware of the consequences in case of non-compliance thereto;

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ at Clark Freeport Zone, Philippines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiant

WITNESSES:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ of \_\_\_\_\_\_\_\_\_ at Clark Freeport Zone, Phils. Affiant having exhibited his/her competent evidence of identity to wit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administering Officer

Doc. No.

Series

**CERTIFICATION**

THIS IS TO CERTIFY that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Private Security Agency)

with office address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

owned and operated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

is a Private Security Agency duly licensed by SOSIA and is more than two (2) years in operation.

This certification is being issued for whatever legal purpose it may serve.

Issued this \_\_\_\_ day of \_\_\_\_\_\_\_\_, 2025 at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_\_\_\_\_ at Clark Freeport Zone, Philippines.

--------------------------------------

Affiant

WITNESSES:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ of \_\_\_\_\_\_\_\_\_ at Clark Freeport Zone, Phils. Affiant having exhibited his/her competent evidence of identity to wit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administering Officer

Doc. No.

Series