



**UPDATED PROGRESSIVE ACCREDITATION SYSTEM  
SELF-ASSESSMENT CHECKLIST  
TOURIST LAND TRANSPORT OPERATOR**

DOT-SMED-SAF-TTO-002  
Form 25 Series 2023

VEHICLE TYPE + NO. OF UNITS:

- ( ) Bus \_\_\_\_\_ ( ) Sedan \_\_\_\_\_  
 ( ) Coaster \_\_\_\_\_ ( ) Metered Taxi \_\_\_\_\_  
 ( ) Van \_\_\_\_\_ ( ) Coupon Taxi \_\_\_\_\_

Name of Operator: \_\_\_\_\_  
 Business Address : \_\_\_\_\_  
 Tel. No.: ( ) New ( ) Same \_\_\_\_\_  
 E-mail / Website: \_\_\_\_\_  
 General Manager: \_\_\_\_\_

<i>Please check on the appropriate box. Do not leave blank boxes</i>			
<b>REGULAR ACCREDITATION</b>			
	YES	NO	REMARKS
<b>REQUIREMENTS</b>			
Minimum of three (3) units with valid LTFRB Franchise for Tourist Land Transport Operations			<b>Total number of units:</b> _____ <i>(list down the vehicles on page2 Annex A)</i>
<b>All units are equipped with:</b>			
a. Spare tire			
b. Clean seats free of holes and tatters			
c. First-aid kits			
d. Fire Extinguishers			

<i>Please continue if compliant with all Regular Accreditation Criteria.</i>			
<b>PREMIUM ACCREDITATION</b>			
	YES	NO	REMARKS
<b>REQUIREMENTS</b>			
At least 50% of the total number of units are not more than three (3) years old			
Must have any of the following (1 for every 10 units or for less than 10, at least 1):			
a. Luxury Car			
b. Premium / Luxury Bus (Comfortable legroom and clean CR)			
c. PWD-Friendly Vehicles			
d. Electronic vehicle			
<b>All units are equipped with:</b>			
a. Communication system			
b. GNSS receiver (DOTr DO 2017-011)			
c. Free Wi-Fi (DOTr DO 2017-011)			
d. CCTV with continuous recording of past 72 hours of operations (DOTr DO 2017-011)			

<b>REGULAR ACCREDITATION</b>			
	YES	NO	REMARKS
<b>REQUIREMENTS</b>			
<b>All units are equipped with:</b>			
e. Waste bins / bag			
f. Seatbelts for all seats for all types of vehicles (cars, vans, coasters, and buses)			
g. Public Address System (for Buses)			
<b>DRIVER REQUIREMENTS</b>			
80% of the Drivers are from within the region			
Drivers shall be neat, wear uniforms and IDs <i>For renewal applications, the driver shall be trained in the Filipino Brand of Service Excellence (FBSE)</i>			
Drivers shall be conversant in English			
<b>GARAGE REQUIREMENTS</b>			
Garage with Motorpool			
Fire extinguisher			
<b>OFFICE REQUIREMENTS</b>			
Presentable booking office manned by knowledgeable staff			
Well-ventilated seating area for clients			
Visible and conspicuously displayed business name signage <i>Note: If the office is located within the garage premises, the signage may be displayed outside the garage</i>			

<b>PREMIUM ACCREDITATION</b>			
	YES	NO	REMARKS
<b>REQUIREMENTS</b>			
<b>All units are equipped with:</b>			
e. Speed limiter (DOTr DO 2017-011)			
f. Dashboard camera (at least 24 hours of recording) (DOTr DO 2017-011)			
g. Multimedia Entertainment System featuring Philippine Destinations			
<b>DRIVER REQUIREMENTS</b>			
<b>GARAGE REQUIREMENTS</b>			
<b>OFFICE REQUIREMENTS</b>			
Online Booking System			
Drivers' / Employees' Lounge			

*Please check on the appropriate box. Do not leave blank boxes*

REGULAR ACCREDITATION			
	YES	NO	REMARKS
<b>SERVICE - SERVICE, HOSPITALITY, EFFICIENCY &amp; FRIENDLINESS (SHEF)</b>			
Inquiries / Bookings are handled hassle-free			
Staff are warm and friendly			
Staff are sensitive to the guest needs			
Staff initiate and engage in natural and friendly conversation			
Operation is dependable i.e. services delivered when and as promised			
Staff are knowledgeable about facilities, services and current activities around the establishment / area			
Staff are courteous and respectful			
Guests requests are received pleasantly and accommodated promptly			
Guest feedback mechanism in place			

*Please continue if compliant with all Regular Accreditation Criteria.*

PREMIUM ACCREDITATION			
	YES	NO	REMARKS
<b>SERVICE - SERVICE, HOSPITALITY, EFFICIENCY &amp; FRIENDLINESS (SHEF)</b>			

**CONFORME**

This is to signify my intent to apply for: ( ) **REGULAR** ( ) **PREMIUM** Accreditation.

I understand that my Self-Assessment Rating is not yet final and an Inspection Team from the DOT shall conduct an actual assessment of my property to validate my rating.

\_\_\_\_\_  
(signature over printed name of Authorized Representative)

\_\_\_\_\_  
Date