PROGRAM REGISTRATION CHECKLIST OF REQUIREMENTS
Mobile Training Program (MTP)

Name of Applicant Institution:			
Address:	Tel/Fax No.:		
Program Applied:	Duration: (in hrs.)		
Training Capacity:	No. of trainees per batch:		
	No. of batches per year:		
	Compliant		**Remarks**
	Yes	**No**	
1. Certified true copy of CTPR of the registered Institution-based program.			
2. List of Equipment (TESDA-OP-CO1-F13).			
3. List of Tools (TESDA-OP-CO1-F14).			
4. List of Consumables Materials (TESDA-OP-CO1-F15).			
5. List of Qualified Trainers (TESDA-OP-CO1-F20) (refer to updated guidelines on MTP).			
6. Current/updated Official Receipt (OR) and Certificate of Registration (CR) of the Mobile Vehicle that can transport the tools, equipment and materials.			
7. Design/layout of the training mobile vehicle or non-movable training venue.			

Erasure is not allowed on the submitted checklist.

Submitted by: (Signature over Printed Name) Head, Applicant Institution	
General Comments/Remarks:	
Prepared by: (Signature over Printed Name) PO/DO UTPRAS Focal Date:	Noted by: (Signature over Printed Name) Provincial/District Director Date: