



**LOSS OF WORKING CHILD PERMIT CARD
CLEARANCE FORM**

PART I: DATA OF CHILD

Child's ID No.: _____
Name of Child: _____
(Last Name) (First Name) (Middle Name)
Home Address: _____ Contact Details: _____
Date of Birth: _____ Place of Birth: _____ Age: _____
Sex: Male Female Education: Grade level (specify if applicable) _____

PART II: This is to certify that the above child:

<input type="checkbox"/> has record with this office: WCP No. _____ issued on _____ Project _____ <input type="checkbox"/> has no record with this office <input type="checkbox"/> has pending WCP application with this office: Project _____ Date _____ Location _____ <input type="checkbox"/> has no pending WCP application with this office	DOLE Field Office No. 1 _____ Name and Signature of Authorized Head Date:
<input type="checkbox"/> has record with this office: WCP No. _____ issued on _____ Project _____ <input type="checkbox"/> has no record with this office <input type="checkbox"/> has pending WCP application with this office: Project _____ Date _____ Location _____ <input type="checkbox"/> has no pending WCP application with this office	DOLE Field Office No. 2 _____ Name and Signature of Authorized Head Date:
<input type="checkbox"/> has record with this office: WCP No. _____ issued on _____ Project _____ <input type="checkbox"/> has no record with this office <input type="checkbox"/> has pending WCP application with this office: Project _____ Date _____ Location _____ <input type="checkbox"/> has no pending WCP application with this office	DOLE Field Office No. 3 _____ Name and Signature of Authorized Head Date:
<input type="checkbox"/> has record with this office: WCP No. _____ issued on _____ Project _____ <input type="checkbox"/> has no record with this office <input type="checkbox"/> has pending WCP application with this office: Project _____ Date _____ Location _____ <input type="checkbox"/> has no pending WCP application with this office	DOLE Field Office No. 4 _____ Name and Signature of Authorized Head Date:
<input type="checkbox"/> has record with this office: WCP No. _____ issued on _____ Project _____ <input type="checkbox"/> has no record with this office <input type="checkbox"/> has pending WCP application with this office: Project _____ Date _____ Location _____ <input type="checkbox"/> has no pending WCP application with this office	DOLE Field Office No. 5 _____ Name and Signature of Authorized Head Date:
<input type="checkbox"/> has record with this office: WCP No. _____ issued on _____ Project _____ <input type="checkbox"/> has no record with this office <input type="checkbox"/> has pending WCP application with this office: Project _____ Date _____ Location _____ <input type="checkbox"/> has no pending WCP application with this office	DOLE Field Office No. 6 _____ Name and Signature of Authorized Head Date:
<input type="checkbox"/> has record with this office: WCP No. _____ issued on _____ Project _____ <input type="checkbox"/> has no record with this office <input type="checkbox"/> has pending WCP application with this office: Project _____ Date _____ Location _____ <input type="checkbox"/> has no pending WCP application with this office	DOLE Field Office No. 7 _____ Name and Signature of Authorized Head Date: