



**VAC-TO-NORMAL INCENTIVES PROGRAM  
APPLICATION FORM**

Date \_\_\_\_\_

Control No. \_\_\_\_\_

Applying for: \_\_\_\_\_ VAC-SURE SAFETY ZONE \_\_\_\_\_ VAC-SAFE SAFETY ZONE  
(Please check the preferred zone)

Name of establishment \_\_\_\_\_

Name of Owner \_\_\_\_\_

Nature of Business \_\_\_\_\_

Address \_\_\_\_\_

Safety Seal QR Code \_\_\_\_\_

Safety Officer \_\_\_\_\_ Position \_\_\_\_\_

Contact Details: Cellphone \_\_\_\_\_ Email Address \_\_\_\_\_

**LIST OF ALL EMPLOYEES**

NAME	VACCINATION STATUS			PLACE OF VACCINATION
	FULLY VACCINATED	1 <sup>ST</sup> DOSE ONLY	UNVACCINATED	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

(use separate sheet when necessary)

**UNDERTAKING AND REPRESENTATIONS**

I, \_\_\_\_\_, (owner/representative) of the establishment indicated herein hereby warrants to LGU-Dipolog that I am authorized to legally bind the said establishment and I confirm that the information herein are true and correct based on personal knowledge and authentic records.

I am voluntarily applying for the VAC-TO-NORMAL Incentives Program. We commit to strictly implement and sustain the observance of the health and safety guidelines set by LGU-Dipolog and other government agencies as set in the Safety Seal Program to protect the welfare of the public. If granted the VAC-TO-NORMAL Seal and for any reason, I receive a notification or order revoking our seal, I also commit to remove the said seal in my establishment or website upon receipt of such notification/order and endeavor to do corrective measures and reapply when so warranted.

\_\_\_\_\_  
**Name and Signature of owner /Authorized Representative**