



Office of the President of the Philippines
OPTICAL MEDIA BOARD

No. 35 Scout Limbaga Street, Bgy. Laging Handa, Quezon City 1103
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PLEASE ACCOMPLISH ALL NECESSARY INFORMATION.

APPLICATION FOR IMPORT PERMIT

DATE OF APPLICATION	BUSINESS NAME	CONTACT NO.
APPLICATION NO.	BUSINESS ADDRESS	
OMB LICENSE NO.	APPLICANT / REPRESENTATIVE	POSITION
DATE/TIME OF SHIPMENT	SHIPPING COMPANY / FORWARDER	CONTACT NO.
AIRWAY BILL/BILL OF LADING NO.	BUSINESS ADDRESS	POINT OF ORIGIN
IMPORT SPECIFICATIONS: <input type="checkbox"/> OPTICAL MEDIA <input type="checkbox"/> REPLICATING / MANUFACTURING EQUIPMENT <input type="checkbox"/> PERIPHERALS / ACCESSORIES / RAW MATERIALS <input type="checkbox"/> OTHERS (PLS. ATTACHED LIST)		
SOURCE OF RIGHTS		BUSINESS NAME BUSINESS ADDRESS

OPTICAL MEDIA INFORMATION

TITLE	CONTENT TYPE <input type="checkbox"/> FILM <input type="checkbox"/> MUSIC <input type="checkbox"/> SOFTWARES <input type="radio"/> GAMES / APPLICATIONS <input type="radio"/> BUSINESS	<input type="checkbox"/> BOOKS ON DISCS <input type="checkbox"/> BLANK DISCS <input type="checkbox"/> OTHERS _____ _____	FORMAT QUANTITY
ARTIST/s	DIRECTOR	PRODUCER	

REPLICATING / MANUFACTURING EQUIPMENT INFORMATION

(Use Additional Sheet If Necessary)

BRAND/TYPE	MODEL	SERIAL NO.	QUANTITY	SID CODE

PERIPHERALS & ACCESSORIES (i.e. Stampers, Moulds, etc.) / RAW MATERIALS INFORMATION

(Use Additional Sheet If Necessary)

QUANTITY	UNIT	DESCRIPTION	MANUFACTURER	MOLD/STAMPER/SID/LBR #

SWORN UNDERTAKING

- 1) I hereby accept the authority of OMB Agents/Representatives to inspect shipment as stated in compliance with R.A. 9239 and its implementing rules and regulations;
- 2) that the copy of AWB / BL as submitted is true and correct;
- 3) that it is clearly understood that failure and/or refusal to comply with this undertaking by me and/or my representative/s shall be a ground for revocation of my license; and
- 4) I hereby certify to the correctness of the information given in connection with this application under pain of perjury.

PRINTED NAME & SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____. Affiant having exhibited to me his/her Community Tax Certificate No. _____ issued at _____ on _____.

DOC. NO. _____
PAGE NO. _____
BOOK NO. _____
SERIES OF _____

Administering Officer / Notary Public