



### 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	<b>DOLE Field Office No. 1</b> _____  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	<b>DOLE Field Office No. 2</b> _____  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	<b>DOLE Field Office No. 3</b> _____  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	<b>DOLE Field Office No. 4</b> _____  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	<b>DOLE Field Office No. 5</b> _____  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	<b>DOLE Field Office No. 6</b> _____  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	<b>DOLE Field Office No. 7</b> _____  Name and Signature of Authorized Head Date: