**LETTER OF INTENT TO APPLY FOR THE**

**SAFETY SEAL CERTIFICATION PROGRAM**

[Date]

**[NAME OF REGIONAL DIRECTOR]**

*Regional Director*

DOT Region \_\_\_\_\_

[Address]

Dear **Director [Surname of Regional Director]:**

Recognizing the importance of implementing the Inter-Agency Task Force for the Management of Emerging Infectious Diseases’ (IATF-EID) Health and Safety Protocols and contact tracing for tourism enterprises, we at the **[NAME OF TOURISM ENTERPRISE]** located at **[ADDRESS]** hereby express our intent to apply for the Department of Tourism’s (DOT) Safety Seal Certification issued by virtue of the *DOLE-DOH-DILG-DOT-DTI Joint Memorandum Circular (JMC) No. 21-01, Series of 2021* or the *“Implementing Guidelines of the Safety Seal Certification Program”*.

We believe that the issuance of a Safety Seal Certification, which ensures compliance with the DOT’s Minimum Public Health Standards (MPHS), together with the use of the **StaySafe.ph** application adopted by the IATF-EID as the official digital contact tracing application of the government (IATF Resolution No. 87 S. 2020) will contribute in rebuilding the trust and confidence of the travelers to restart tourism.

By being a part of this initiative, we pledge to strictly implement the health and safety guidelines set by the DOT and other relevant government agencies to protect the welfare of both the tourism workforce and the travelers.

In this regard, we request for an assessment of our enterprise’s compliance with the DOT requirements for the issuance of a Safety Seal Certification. Attached is a duly accomplished form for your reference.

Thank you.

Sincerely,

[Name of Authorized Representative]

*[Position]*

**APPLICATION FORM**

**SAFETY SEAL CERTIFICATION PROGRAM**

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| --- | --- | --- | --- | --- | --- |
| **Name of Tourism Enterprise:** | |  | | | |
|  | |  | ` | | |
| **Type of Tourism Enterprise:**  *Kindly check one box* | |  | **Accommodation Establishment** | | |
|  | *(Hotels, Resorts, Apartment Hotels, and other Accredited Accommodation Establishments)* | | |
|  | **Travel and Tour Services** | | |
|  |  | | |
|  | **Meetings, Incentives, Conferences & Events** | | |
|  | (MICE) Venues/Facilities | | |
|  | **Restaurants inside Hotels/Resorts** | | |
| **Full Name of Focal Person:** | |  | | | |
| **Designation:** |  | | | | |
| **Office Address:** |  | | | | |
| **Email Address:** |  | | | **Contact Number:** |  |
| **DOT Accreditation No.:** |  | | | **Validity:** |  |
| **StaySafe.ph Location Code** | |  | | | |

*Note: Please attach an image of your StaySafe.ph QR code or Location code and/or any other proof of the use of the application upon sending this form via email.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Submitted by:** | [Name & Signature]  *[Designation]* | **Date of Application:** |  |