

Republic of the Philippines NATIONAL WATER RESOURCES BOARD 8th Floor NIA Building, EDSA, Quezon City Telefax (02) 8920-2714		APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE						
<i>Accomplish this form in six (6) copies. Attach separate sheet if more space is required.</i>		Water Service Provider (WSP) Category ¹ A		Case Number				
Name of Applicant Water Station Inc		Mailing Address Binondo, Manila		Email Address jd@gmail.com				
Citizenship Filipino		TIN 324-234-323-443		Contact No. 09434534534				
		Filing Fee Amount		Year Operations Started 2025				
		OR No.		Date Paid				
Location of Service Area								
Subdivision		Subdivision 2						
Barangay		Barangay 1						
Municipality		Baler						
Province		Aurora						
Type of Water Service Provider <input checked="" type="radio"/> Subdivision / Homeowners' Association <input type="radio"/> Rural Waterworks and Sanitation Association <input type="radio"/> Cooperative <input type="radio"/> Bulk Water Seller / Peddler <input type="radio"/> Others, specify: _____		Number of Connections With water meters <u>21</u> Without water meters <u>21</u> Meters tested? <input type="radio"/> Yes <input checked="" type="radio"/> No If tested, Tested by _____ Date tested _____		Kind of Water System <input checked="" type="radio"/> Draw and Fill <input type="radio"/> Float <input type="radio"/> Direct Pumping For Bulk Water Seller/Peddler, Average volume of water delivered per day (in cu. m.) <u>22</u>				
Water Permit Information								
CWP/Water Permit No.	Source	Latitude			Longitude			Barangay Location of Source
		Deg.	Min.	Sec.	Deg.	Min.	Sec.	
If water is bulk supplied, copy of agreement/contract/receipt								
See back page for pertinent requirements								
I hereby certify that the information given above and the documents submitted are true and correct to the best of my knowledge and belief. _____ Baesa, Bong Signature over printed name of Water Utility Representative					Subscribed and sworn to before me on this date: _____ Notary Public / Administering Officer			
					Date			
¹ How to Determine the Water Service Provider Category								
Category A			Category B			Category C		
Water utilities operating for profit: 1. Privately-owned or privately run WUs; or 2. Government-owned and government-run WUs that opted to be classified or NWRB has classified as Category A; or 3. Community-based WUs that: a.) Have expanded/ are expanding outside original area of jurisdiction, or b.) Opted to be classified or NWRB has classified it as Category A			Government-owned or controlled, and government-run WUs that do not opt to be classified as Category "A" or NWRB has classified as Category B			Community-based WUs that: 1. Are not operating for profit; 2. Have not expanded/ are not expanding outside their original area of jurisdiction; or 3. Do not opt to be classified as Category "A"/"B" or NWRB has classified as Category "A"		

National Water Resources Board
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Name of Applicant Water Station Inc	Water Service Provider Category A	Case Number		
Documentary Requirements		Cat. A	Cat. B	Cat. C
1. Articles of Incorporation/Partnership or DTI/CDA Registration		<input type="checkbox"/>		<input type="checkbox"/>
2. Authority to sign and file the application <ul style="list-style-type: none"> • Board Resolution for corporations and partnerships, or Board Secretary's Certificate • For single proprietorship, signed by owner or Special Power of Attorney 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of approved Conditional / Water Permit/s If water is bulk supplied, copy of agreement/contract/receipt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of latest Official Receipts of Annual Water Charges		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of recent Certificate of Potability (within 6 months) issued by the City/ Municipal Health Officer where the source is located, with results of bacteriological (within 3 months), physical and chemical (at least one year) impurity tests conducted by a Department of Health accredited laboratory		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Plan duly signed by a licensed Engineer <ul style="list-style-type: none"> • Water distribution system • Elevation and cross-sectional views of tank/reservoir • Elevation and cross-sectional views of pump house, machinery and equipment For Category C, only sketch plan is required		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Latest audited financial statements for the waterworks operation only, if already operation for 1 year For Category C: Income Statement and Balance Sheet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Simplified Financial Projections Model for Category C (hard/soft copy) with the following data: <ul style="list-style-type: none"> • Revenue requirements for one year, composed of: <ul style="list-style-type: none"> ◦ Operating expenses, with breakdown ◦ Depreciation ◦ Loan amortization (interest and principal) per year • Estimated total consumption for one year in cu.m 				<input type="checkbox"/>
9. Business Plan containing: <ul style="list-style-type: none"> • List of existing/required investments consistent with the 10-year business plan • Proposed Tariff Schedule • Levels of service (e.g. water quality, water pressure, non-revenue water, number of hours of water supply per day) 		<input type="checkbox"/>	<input type="checkbox"/>	
10. Financial Projections Model for Category A/Category B (hard and soft copy)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Proposed Tariff (Downloadable form under Supplemental Guidelines in the Preparation of the Tariff Proposal)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>