

**NWRB-WUD-14-r2**

Republic of the Philippines <b>NATIONAL WATER RESOURCES BOARD</b> 8 <sup>th</sup> Floor NIA Building, EDSA, Quezon City Telefax (02) 8920-2714		<b>APPLICATION FOR CHANGE OF NAME</b>	
<i>Accomplish this form in six (6) copies. Attach separate sheet if more space is required.</i>		Water Utility (WU) Category <sup>1</sup>	Case Number
Name of Applicant	Mailing Address	Email Address	
		Contact No.	
Citizenship	TIN	Year Operations Started	
Provisional Authority Required? <input type="radio"/> Yes <input type="radio"/> No		Filing Fee Amount	OR No.      Date Paid

**Location of Service Area**

Subdivision	
Barangay	
Municipality	
Province	

Type of Utility <input 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 _____ Without water meters _____ Meters tested? <input type="radio"/> Yes <input type="radio"/> No If tested, Tested by _____ Date tested _____	Kind of Water System <input 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.) _____
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**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.  _____ Signature over printed name of Water Utility Representative	Subscribed and sworn to before me on this date:  _____      _____ Notary Public / Administering Officer      Date
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**<sup>1</sup> How to Determine the Water Utility 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 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**  
**APPLICATION FOR**  
**CHANGE OF NAME**

Name of Applicant		Water Utility Category	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"> <li>● Board Resolution for corporations and partnerships, or Board Secretary's Certificate</li> <li>● For single proprietorship, signed by owner or Special Power of Attorney</li> </ul>		<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 Charge/s		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Copy of latest Official Receipts of Supervision and Regulation Fee		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Copy of recent (within 1 year) Certificate of Potability issued by the City/ Municipal Health Officer where the source is located, with results of bacteriological, physical and chemical impurity tests conducted by a Department of Health accredited laboratory		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Plan duly signed by a licensed Engineer <ul style="list-style-type: none"> <li>• Water distribution system</li> <li>• Elevation and cross-sectional views of tank/reservoir</li> <li>• Elevation and cross-sectional views of pump house, machinery and equipment</li> </ul> for Category C, only sketch plan is required		<input type="checkbox"/>	<input type="checkbox"/>	
8	Copy of latest Annual Report		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Copy of CPC Certificate		<input type="checkbox"/>		<input type="checkbox"/>