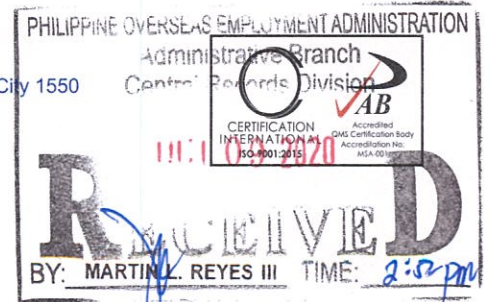




Philippine
Overseas
Employment
Administration

Republic of the Philippines
Department of Labor and Employment
BFO Building, Ortigas Avenue cor. EDSA, Mandaluyong City 1550
Website: www.poea.gov.ph E-mail: info@poea.gov.ph
Hotlines: 8722-1144, 8722-1155



Advisory No. 135,
Series of 2020

**ADDENDUM TO ADVISORY NO. 65, SERIES OR 2020 AND MEMORANDUM
CIRCULAR NO. 18, SERIES OF 2020 RELATIVE TO THE APPLICATION FOR
THE PRE-LICENSING ORIENTATION SEMINAR (PLOS)**

In conjunction with Advisory No. 65, Series of 2020 and Memorandum Circular No. 18, Series of 2020 on the conduct of the Online Pre-Licensing Orientation Seminar, all application for the Pre-Licensing Orientation Seminar (PLOS) must be submitted in the following manner:

1. Send letter request signifying intent to participate in the Online PLOS thru **plos_licensing@poea.gov.ph**,
2. Fill-out PLOS Application Form (Annex A).
3. Appointment schedule to pay the PLOS fee and order of payment will be sent to applicant's email address.
4. Pay the PLOS fee at the Cashier Division, 5th Floor, POEA Building.
5. Submit photocopy of the Official Receipt and at the Licensing Branch, 4th Floor, POEA Building.
6. Notice of PLOS schedule with the link to the Seminar and learning modules will be provided to the applicant thru email.
7. Notice of schedule to pick up the PLOS Certificate will be provided to the applicant's email.
8. Bring valid Identification Card when claiming the PLOS Certificate.

Provisions of Advisory No. 65, Series of 2020 and Memorandum Circular No. 18, Series of 2020 inconsistent herewith are deemed modified accordingly.

For information and guidance of all concerned.


BERNARD P. OLALIA
Administrator

October 2020

CONTROLLED AND DISSEMINATED
BY CRD ON OCT 09 2020

ANNEX A

**PRE-LICENSING ORIENTATION SEMINAR
APPLICATION FORM**



NAME _____
(Last Name) (Given Name) (Middle Name) (Extension, if any)

() MALE () FEMALE

ADDRESS _____

BIRTHDATE _____

CONTACT DETAILS
Landline Number _____
Mobile Number _____
E-Mail Address _____

NAME OF AGENCY _____
() New Agency () Existing

ADDRESS of AGENCY _____

AGENCY EMAIL _____ **LANDLINE NUMBER** _____

POSITION _____
(State all position currently held with correct/complete designation. Do not abbreviate.)

ID PRESENTED _____

I hereby certify that all information stated herein are true and correct.

Signature over printed name

Date