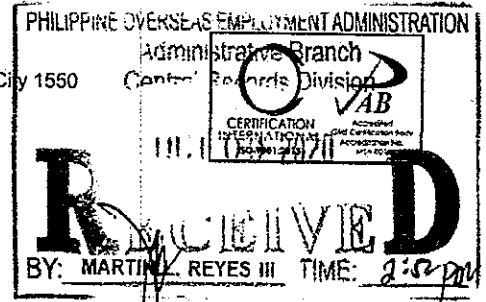




**Philippine
Overseas
Employment
Administration**

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

PHILIPPINE OVERSEAS EMPLOYMENT ADMINISTRATION
Administrative Branch
Central Records Division
CERTIFIED COPY
ENGR. ADEL N. DELA CRUZ
Chief, Central Records Division

ANNEX A

**PRE-LICENSING ORIENTATION SEMINAR
APPLICATION FORM**

2X2 PICTURE
TAKEN WITHIN SIX (6)
MONTHS

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

PHILIPPINE OVERSEAS EMPLOYMENT ADMINISTRATION
Administrative Branch
Central Records Division
CERTIFIED COPY
ENGR. ADEL N. DELA CRUZ
Chief, Central Records Division