

Ateneo de Manila University  
Campus Safety and Mobility Office

**AERIAL VEHICLE REGISTRATION FORM**

Name : \_\_\_\_\_ Date : \_\_\_\_\_

Unit/Dept : \_\_\_\_\_ Contact No. : \_\_\_\_\_

Quantity	Description of Aerial Vehicle	Serial No.	Control No.

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- Photo attached

Submitted by:

Approved by:

\_\_\_\_\_  
Print name and signature

\_\_\_\_\_  
Josephy F. Almosera  
Director - CSMO