



Republic of the Philippines
PHILIPPINE NATIONAL POLICE
CIVIL SECURITY GROUP
SUPERVISORY OFFICE FOR SECURITY AND INVESTIGATION AGENCIES
Camp Crame Quezon City



PL MAIN REG INDIVIDUAL -NCR

ID CONTROL NO **R0820160403355** LOCATOR **151205152673** BADGE NO **06-3826739-6**

TRANSACTION **RENEW** CATEGORY **SECURITY GUARD** OLD FILE? ☐ ISSUED AT **NCR**

MASCARINAS **IKE** **ELORCHA**
LASTNAME FIRSTNAME MIDDLENAME QUAL



PERSONAL INFO

POSTAL ADDRESS **USCA USU PANGASUGAN BAYBAY CITY LEYTE**
Press 'TAB' to SELECT REGION and PROVINCE (AFTER ADDRESS)

PROV/ MUNICIPALITY **LEYTE** REGION **REGION 8**

TEL NO (0) - SEX **MALE** C. STATUS **SINGLE**

NATIONALITY **FILIPINO** BIRTHDATE **04/09/1990**

BIRTHPLACE **LEYTE** HEIGHT **0.00** WEIGHT **0.00**
Centimeters Kilograms

HOLD APPLICATION? **No**

LIC ID PAYMENT

OP NUMBER **N672040**

DATE ISSUED **06/15/2016**

SBR NUMBER **16308837**

DATE PAID **06/15/2016**

DATE APPROVED **06/15/2016**

DATE OF EXPIRATION **06/15/2019**

LIC. FEE **300.00**

ID CARD **0.00**

HOLOGRAM **0.00**

PENALTY **0.00**

ADJUSTMENT **0.00**

TOTAL **300.00**

VERIFIED BY **SPO1 HAROLD R PATCHICO**

APPROVED BY **PSSUPT ILDEBRANDIN USANA**

ADD

UPDATE

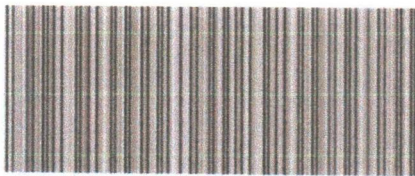
UPDATE NAME OR CATEGORY

CLOSE

This serves as your License to Exercise Security Profession (LESP)

VALID UNTIL **JUNE 15, 2019.**

Please present this certificate with the Special Bank Receipt(SBR) from LAND BANK
OF THE PHILIPPINES when you claim your LESP card.



Not Valid without SOSIA Dry Seal

NEW ISSUANCE

CERTIFIED PHOTO COPY
FROM THE ORIGINAL
LOURDES B. CANO
DIRECTOR, DOAHRD
DATE: **2/20/19**

Note: This document is issued in
lieu of the LESP Card

Processed by:

JUDY MAR F BONILLA
Police Chief Inspector
Chief, Personnel Licensing Section

Noted by:

ILDEBRANDIN USANA
Police Senior Superintendent
Chief, Security Licensing Division



Republic of the Philippines
Department of the Interior and Local Government
National Police Commission
PHILIPPINE NATIONAL POLICE
Camp Crame, Quezon City

SBR No 16308837

SPECIAL BANK RECEIPT

DATE

PNP Form SBR 1-A

COLLECTING BANK
ACCOUNT NAME
ACCOUNT NO.
PAYOR'S NAME
OP #
AMOUNT (Amount in Words)
MODE OF PAYMENT
<input type="checkbox"/> CASH
<input type="checkbox"/> CHECK
Bank & Check no./Date Issued
APPLICANT'S COPY

<input type="checkbox"/> FED	<input type="checkbox"/> TMG	PAYMENT RECEIVED
<input type="checkbox"/> SAGSO	<input type="checkbox"/> DI	
<input type="checkbox"/> SL	<input type="checkbox"/> HS	
<input type="checkbox"/> HSS	<input type="checkbox"/> Others	

LBP CAMP CRAME T2(MARICEL F ANG)
06-15-2016 11:15 Trxn. Seq. #: 16500
TRUST-PNP CASH Payment
Clrng. Acct. No. 1862-2220-20
PAYOR'S NAME MACARINAS IKE
SBR NUMBER 16308837
OP NUMBER 672040
Amount 300.00

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CERTIFIED PHOTO COPY
FROM THE ORIGINAL

Signature
LOURDES B. CANO

DIRECTOR, OCAHRD

DATE: 2/20/19