



BOARD FOR PROFESSIONAL TEACHERS

LOCAYON, MA RACHEL KIM PEREZ
CJP COMP. RIZAL ST. IBABAO 6014
MANDAUE CITY, CEBU

SIR/MA'DAM:

THE RATINGS YOU OBTAINED IN THE **SECONDARY LEVEL** OF THE TEACHERS LICENSURE EXAMINATION GIVEN BY THE BOARD IN CEBU ON AUGUST 31, 2003 ARE AS FOLLOWS:

SUBJECTS	RELATIVE WEIGHT	RATINGS
1. GENERAL EDUCATION	20	79
2. PROFESSIONAL EDUCATION	40	80
3. MAJOR IN <u>MATHEMATICS</u>	40	77
GENERAL WEIGHTED AVERAGE RATING REMARKS	100 PASSED	78.60

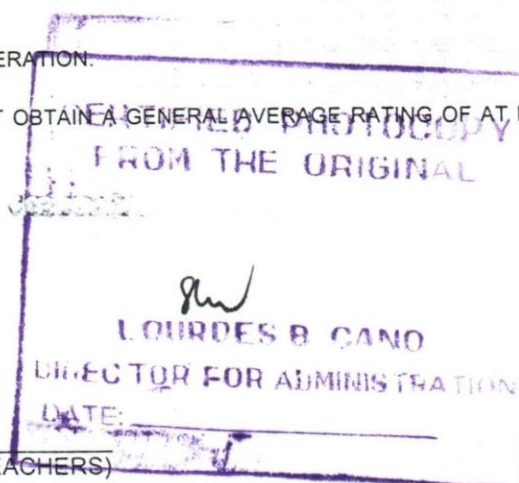
IMPORTANT:

- THIS REPORT IS NOT VALID IF THERE IS ANY ALTERATION.
- TO PASS THE EXAMINATION, AN EXAMINEE MUST OBTAIN A GENERAL AVERAGE RATING OF AT LEAST 75% WITH NO RATING BELOW FIFTY (50%) IN ANY SUBJECT.

VERY TRULY YOURS,
FOR CHAIRPERSON
ANTONIETA FORTUNA-IBE
BY:

GLORIA G. SALANDANAN

(CHAIRMAN, BOARD FOR PROFESSIONAL TEACHERS)



03- 0150945

PHILIPPINES
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF TRANSPORTATION & COMMUNICATIONS
LAND TRANSPORTATION OFFICE
EAST AVE QUEZON CITY

PROFESSIONAL

LAST NAME, FIRST NAME, MIDDLE NAME
AURE, MA RACHEL KIM LOCAYON

ADDRESS (NO. STREET, CITY MUN., PROVINCE):
APT 66 KILBOURNE DRIVE VSU BAYBAY CITY LEYTE

BIRTH DATE 1981-08-30 SEX F HT (cm) 157 WT (kg) 78 NATIONALITY FIL

RESTRICTIONS 12 CONDITIONS H12 EXPIRES 2015-08-30

LICENSE NO. 1112-13-000125

SIGNATURE OF LICENSEE

VIRGINIA P. TORRES
ASST. SECRETARY

REPUBLIC OF THE PHILIPPINES
Unified Multi-Purpose ID

CRN-006-0017-6383-2

SURNAME AURE

GIVEN NAME MA RACHEL KIM

MIDDLE NAME LOCAYON

SEX FEMALE

DATE OF BIRTH 1981/08/30

ADDRESS 101 WARNERS APT. VSU PANGASUGAN BAYBAY LEYTE PHL 6521-A

- I. RESTRICTIONS
1. MOTORCYCLES/MOTORIZED TRICYCLES
 2. VEHICLE UP TO 4500 KGS G V W
 3. VEHICLE ABOVE 4500 KGS G V W
 4. AUTOMATIC CLUTCH UP TO 4500 G V W
 5. AUTOMATIC CLUTCH ABOVE 4500 KGS G V W
 6. ARTICULATED VEHICLE 1600 KGS G V W & BELOW
 7. ARTICULATED VEHICLE 1601 UP TO 4500 KGS G V W
 8. ARTICULATED VEHICLE 4501 KGS & ABOVE G V W
- II. ORGAN DONATION:
- I HEREBY DONATE ☐ ANY ORGAN ☐ SPECIFIC ORGAN
- UPON MY DEATH
- III. IN CASE OF EMERGENCY NOTIFY:
- NAME:
- ADDRESS:
- TEL#:

- CONDITIONS:
- A. WEAR EYE GLASSES
 - B. DRIVE ONLY W/SPECIAL EQPT. FOR UPPER LIMBS
 - C. DRIVE ONLY W/SPECIAL EQPT. FOR LOWER LIMBS
 - D. DAYLIGHT DRIVING ONLY
 - E. ACCOMPANIED BY A PERSON W/NORMAL HEARING

BB6310367

[Handwritten signatures]

GSIS eCard

PhilHealth

For TELESERVICE call: 1-800-8-84747 (GLOBE) 1-800-10-84747 (SMART / PLDT)

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