









**Citizen's Charter No. RDAB/LRDAD-01**

- Name of Office** : Land Resource Data Analysis Division (LRDAD), Resource Data Analysis Branch  
**National Mapping and Resource Information Authority**
- Frontline Service** : Provision of Land Cover Data
- Schedule of Availability of Service** : Monday – Friday, 8:00 AM – 5:00 PM
- Who May Avail of the Service** : External Clients
- How to Avail of the Service** : Walk-in, Phone-in, Registered Mail and E-mail (Tele fax 8842861, [icsu\\_rs@namria.gov.ph](mailto:icsu_rs@namria.gov.ph), [records@namria.gov.ph](mailto:records@namria.gov.ph))

No. [A]	CUSTOMER ACTIVITY [B]	NAMRIA ACTION [C]	OFFICE/PERSON RESPONSIBLE/ LOCATION [D]	DURATION [E]	DOCUMENTARY REQUIREMENTS [F]	AMOUNT OF FEES [G]
1	Request for Desired Product/Service  Fill out and Submit Accomplished Form	Accept Request from the Director's Office  Record in the Log Book  Check Completeness of Information Provided in the Form	 <b>VITAS T. VALENCIA</b> Administrative Aide VI	Within 5 minutes	Client Request Form (CRF) (Digital and Customized Products)  Letter Request	
		Check Availability of Data  Show Available Data Samples  Provide Product Cost  Prepare Order of Payment (OP)  Prepare the Product	 <b>MARKCHIEL R. ORGAS</b> Remote Sensing Tech. II	Simple-1 hour  Complex- 5 working days	Quotations  O.P.	<b>Digital Data</b>  <b>2003</b> 1,100.00/Map Tile <b>2010</b> P2,400.00/Map Tile <b>2015</b> 0.01 / ha.  <b>Analogue Map</b>  <b>AO size-</b> P1,500.00

						<b>A1 size-</b> P775.00 <b>A2 size –</b> P378.00 <b>A3 size –</b> P193.00
2	Secure Order of Payment with Control Number	Controlled OP	 <b>JEFFERSON D. CARINGAL</b> Accountant Officer II		O.P. with Control Number	
3	Pay for the Products / Services Aailed	Issue Official Receipt (OR)	 <b>JULIET I. VILLANUEVA</b> Cashier		O.R.	
4	Present the OR  Sign of Memorandum of Agreement (MOA)  Fill out the Feedback Portion of CRF and Client Needs Assessment Form (for returning Client)	Inspect O. R./Secure Photo Copy  Check Completeness of information Provided in the MOA and Other Forms  Provision of Products	 <b>MARKCHIEL R. ORGAS</b> Remote Sensing Technologist II	10 minutes	O.R.  Signed MOA  CRF  Client Needs Assessment Form	

5	<p>Receive and Inspect Requested Products</p> <p>Fill out Acceptance Portion of CRF</p>	<p>Encode the Client Informations, OR Number and Feedback on the LRDAD Client Database</p> <p style="text-align: center;"></p> <p>Submit Client Database to ICSU RDAB</p>	<p style="text-align: center;"></p> <p style="text-align: center;"><b>VITAS VALENCIA</b> Administrative Aide VI</p> <p style="text-align: center;"></p> <p style="text-align: center;"><b>PINKY T. DE CHAVEZ</b> Sr. Remote Sensing Technologist</p>		CRF	
				<p><b>Total Duration:</b></p> <p><b>Simple</b> <b>1 hour &amp; 15 minutes</b></p> <p><b>Complex</b> <b>5 working days and 15 minutes</b></p>		<p><b>Note: Total fees depends on the requested area, edition and product format (digital or hardcopy).</b></p>