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| **Checklist of Requirements (For Sole Proprietorship)** | | | | | | | | | **Remarks** |
| **A. LEGAL** | | | | | | | | |  |
| A.1. | **(a)** Affidavit of Attestation, **(b)** Integrity Pledge and **(c)** Contractor’s General Information (pages 5, 6 and 7) | | | | | | | |  |
| A.1.1. | | | Certified true copy of Business Name Registration Certificate  **(Scope of Business - NATIONAL; Nature of Business - CONSTRUCTION)**; | | | | | |  |
| A.1.2. | | | Proofs of Employer’s membership with **(a)** SSS, **(b)** PHILHEALTH and **(c)** PAG-IBIG; | | | | | |  |
| A.2. | | Authority to verify documents with Depository Bank, BIR and other Government Agencies (pages 8, 9 and 10); | | | | | | |  |
| **B. TECHNICAL** | | | | | | | | |  |
| B.1. | Authorized Managing Officer (AMO) Affidavit (page 12); | | | | | | | |  |
| B.1.1. | | | Original NBI Clearance; | | | | | |  |
| B.1.2. | | | Certificate of Attendance of 2-day AMO Seminar **(AMO should pass the examination)**; | | | | | |  |
| B.1.3. | | | Certificate of Completion 40-hour Construction Safety and Health Seminar (COSH); | | | | | |  |
| B.2. | Sustaining Technical Employee/s (STE/s) Affidavit of Undertaking with copy of valid PRC ID/s (pages 13-14); | | | | | | | |  |
| B.2.1. | | | Original NBI Clearance/s; | | | | | |  |
| B.2.2. | | | STE/s Affidavit of Construction Experience (page 15); | | | | | |  |
| B.2.3. | | | STE/s Personal Appearance (page 16); | | | | | |  |
| B.2.4. | | | Certificate of Completion of 40-hour Construction Safety and Health Seminar (COSH) of **at least one (1)** of the qualified nominated STEs; | | | | | |  |
| **C. FINANCIAL** | | | | | | | | |  |
| C.1. | Complete Audited Financial Statement (AFS) with accompanying Auditor’s Opinion Report and Notes dated within the last six (6) months immediately preceding the filing of application **(duly audited and signed on every page by an Independent CPA with valid PRC-BOA accreditation)**; | | | | | | | |  |
| C.2. | **For EXISTING/OLD companies**: AFS for the immediately preceding taxable year and copy of Annual Income Tax Return (ITR) and Quarterly ITR certified by the BIR; | | | | | | | |  |
| C.3. | Additional documents in support to item C.1 (if applicable) **shall be in the name of the FIRM OR OWNER/spouse:** | | | | | | | |  |
| C.3.1. | | | **Cash in Bank**:Original copy of Bank Certification / Bank statement of account certified by Bank Manager of cash deposits **as of the Balance Sheet date**; | | | | | |  |
| C.3.2. | | | **List of Constructor’s Real Properties** (page 18); | | | | | |  |
| C.3.2.1. | | | | Certified copy of Transfer of Certificate of Title (TCT) including back page and Deed of Sale or Tax Declaration of Land; | | | | |  |
| C.3.2.2. | | | | Certified copy of Condominium Certificate of Title and Deed of Sale or Tax Declaration of Condominium; | | | | |  |
| C.3.2.3. | | | | Certified copy of Tax Declaration of Building and Improvements; | | | | |  |
| C.3.3. | | | **List of Constructor’s Plants, Vehicles and Equipment** (page 19); | | | | | |  |
| C.3.3.1. | | | | Certified copy by Land Transportation Office (LTO) Certificate of Registration and Current Official Receipt of Registration of Construction and/or Transportation / Delivery Vehicles / Equipment reported; | | | | |  |
| C.3.3.2. | | | | Deed of Sale or sales invoices/official receipts of other construction equipment/machineries; | | | | |  |
| C.3.4. | | | **Schedule of Receivables** (page 20); | | | | | |  |
| C.3.5. | | | **Construction in Progress:** Schedule with complete details (if the amount exceeds 10% of the Net Worth); | | | | | |  |
| C.3.6. | | | Appropriate documents in support of **Other Assets**; | | | | | |  |
| **D. OTHERS** | | | | | | | | |  |
| D.1. | Authorized Representatives Affidavit (page 22); | | | | | | | |  |
| D.2. | Original signature **(preferably with blue ink)** of AMO on each and every page of the application forms including supporting documents. | | | | | | | |  |
| **Note: Please see page 2 for Important Reminders** | | | | | | | | |  |
| **Date & Time of Visit / Name and Signature of the PCAB/CIAP Window/DTI-ROG Staff** | | | | | | | | | |
| 1st Prescreening | | | | | 2nd Prescreening | 3rd Prescreening | | 4th Prescreening | |
| [ ] Accepted [ ] Comply lacking items | | | | | [ ] Accepted [ ] Comply lacking items | [ ] Accepted [ ] Comply lacking items | | [ ] Accepted [ ] Comply lacking items | |
|  | | | | | | | **AMO must sign here:** | | |

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| **IMPORTANT REMINDERS!** |
| To avoid undue delay in the processing of your application, please take time to read these important reminders:   1. Use the latest application forms which are downloadableat **ciap.dti.gov.ph**. 2. All required information in the application forms should be properly filled out – handwritten, typewritten or encoded using a computer. Do not leave an item blank. If an item is not applicable, indicate “N/A”. 3. Attach only the documents that are indicated in the checklist of requirements. In lieu of certified copies of supporting documents, photocopies may be accepted provided original copies are presented for authentication. 4. Application forms and its corresponding supporting documents should be:    * 1. **arranged according to the checklist of requirements - separators are included in the set of application forms (please see page 3 for Application Folder Anatomy for more details);**      2. **fastened in a regular or expanding long/legal size folder (sliding, hardbound and hardcover filing folders are not allowed);**      3. **with original signature *(preferably with blue ink)* by the AMO on each and every page.** 5. All applicants are required to pay non-refundable upfront fees (please see last page for detailed fee structure) for all types of license applications upon acceptance (Board Resolution No. 313, s. 2011). 6. Only the Authorized Managing Officer or one of the two (2) Authorized Representatives of the Firm is allowed to transact with PCAB (Board Resolution No. 515, s. 2011). 7. Submission of applications can be done at PCAB Makati / CIAP Windows / DTI Regional or Provincial Offices. Transact only with Authorized PCAB Personnel. **Do NOT deal with “Fixers”.** 8. Avoid RUSH, DELAY and PENALTY in the **filing of renewal application**. Contractors may file their application **as early as January** or on/before the scheduled filing date (Board Resolution No. 376, s. 2014) as stated below:  |  |  | | --- | --- | | **Last Digit of License No.** | **Filing Month** | | 0 | February 1-14 | | 1 | February 15-28 | | 2 | March 1-15 | | 3 | March 16-31 | | 4 | April 1-15 | | 5 | April 16-30 | | 6 | May 1-15 | | 7 | May 16-31 | | 8 and new license approved from January to March | June 1-15 | | 9 and approved from April to June | June 16-30 |  * Contractors filing their renewal application on or before April 15 may use the previously submitted Audited Financial Statements (AFS); * Submission of the required Annual Income Tax Return (ITR) and AFS duly filed with the BIR for preceding taxable year can be done on or before the release of the renewed license certificate; * Should the contractor failed to meet the qualification requirement based on the current AFS for its present category, the license category shall be downgraded to the next lower sustainable category; * Contractors filing their renewal applications beyond the assigned filing schedule shall be assessed an Additional Processing Fee (APF) of Php 5,000; * If the renewal application is filed after June 30, an Additional License Fee (ALF) of Php 5,000 will also be imposed;  1. If there is any Amendment in the Articles of Incorporation / Partnership, submit a copy of the said Amendment approved by the Securities & Exchange Commission. 2. **Sustaining Technical Employee (STE) nomination shall be limited only to one (1) contractor for one Contracting Fiscal Year (CFY).** In case of transfer of employment by the STE, the technical qualifications of the nominating contractor shall be re-evaluated but the qualifications of the said STE shall only be considered for the new employer for the next CFY, if such transfer of employment is still valid and existing. 3. In case of Corporate Applicant with Foreign Content, election of Foreign Nationalities in the Board of Directors is allowed in proportion to their share in capital. 4. Certificate of ISO Accreditation (for additional credit points purposes only). 5. **The Board may require the AMO interview to fully determine the qualifications of the applicant (except Renewal of Regular License and Change of Business Name and Status applications);** 6. Financial Threshold for categorization purposes:  |  |  | | --- | --- | | **Asset Accounts** | **Allowable Limit** | | Cash on Hand | Php 500,000 or 1% of Net Worth per AFS whichever is higher | | Pre-operating / Organizational Expenses | 20% of Net Worth per AFS | | Advances to Directors / Officers / Stockholders & Related Interest (DOSRI) | 20% of Net Worth per AFS | | Deferred Charges | 10% of Net Worth per AFS | | \*The amount in excess of the allowable limit will be excluded from the Net Worth / Equity to arrive at PCAB computed Net Worth / Equity | |  1. Deposit for Future Subscription / Subscription Receivables is NOT considered part of equity, thus, excluded from Equity for categorization purposes. 2. Renewing contractors with downgraded category and/or deleted classification/s may apply for upgrading of license category/additional or revision of classification/s anytime using the prescribed application forms. However, newly licensed contractors may apply for the same after six (6) months upon approval of license application. 3. New application for registration in government projects should be accomplished in **PCAB-F-SVD-006** / **PCAB-PAD-ARC-F01** application form which may be filed simultaneously in a separate folder with the PCAB License Application. 4. Mode of Release of License Certificate: (1) Mail using the prepaid pouch (2) Claim at PCAB Makati / CIAP Windows / DTI Regional or Provincial Offices. 5. For more inquiries, please contact us at **895.4258 / 895.4220 / 09178482427** / [ciappcab.main@gmail.com](mailto:ciappcab.main@gmail.com), [pcab@dti.gov.ph](mailto:pcab@dti.gov.ph) |
| **Note: Do not include this page in your application folder. For reference use only.** |

**PCAB APPLICATION FOLDER ANATOMY**

**CLOSED FOLDER**

Company Name

Type of Application

(e.g. New Regular License)

**Reserved for**

**PCAB Sticker**

This portion is reserved for application official reference number

Regular or expanding long/legal size folder

**OPENED FOLDER**

Right portion of the folder

Left portion of the folder

**C. Financial**

Fastener

**Checklist of Requirements**

Fastener

Separator &

Index Tab

Separator &

Index Tab

Checklist of Require-ments

A. Legal Forms & Supporting Documents

B. Technical Forms &Supporting Documents

Separator &

Index Tab

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Index Tab

C. Financial Forms & Supporting Documents

D. Other Forms & Supporting Documents

**Note: Do not include this page in your application folder. For reference use only.**

Separator 1/4

A. LEGAL

**Table of Contents:**

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(Scope of Business - NATIONAL; Nature of Business - CONSTRUCTION);

A.1.2. Proofs of Employer’s membership with (a) SSS, (b) PHILHEALTH and (c) PAG-IBIG;

A.2. Authority to verify documents with Depository Bank, BIR and other Government Agencies (pages 8, 9 and 10);

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| **AFFIDAVIT OF ATTESTATION** | | | | | |
| In behalf of |  | | | |  |
|  | (Name of Firm) | | | |  |
| I hereby request that its application for Contractor's License be approved.  I certify to the completeness of the information/documents contained in this application appertaining to the category/classification the company is applying for and that the information/documents are true and correct.  I further certify that the business name and/or SEC registration of this firm is valid and existing.  I certify furthermore that the SSS, Pag-IBIG, and PhilHealth contributions were remitted in favor of the employees of this firm.  I am fully aware that:   1. All documents submitted in support to this application are subject to verification before PCAB action; 2. Any discovered misrepresentation of information and/or manifestations of fraud on the application documents submitted by my firm applicant or its Authorized Representative/Agent/Liaison Officer shall be subjected to investigation which may result to the disapproval of my application, denial/suspension/revocation of license and blacklisting of my firm and myself as its Authorized Managing Officer; and 3. Unconfirmed information/documents submitted to support my firm's qualifications shall be excluded for categorization/classification purposes. 4. The evaluation of my qualification shall be solely based on the documents submitted at the time the application was filed/accepted by PCAB. | | | | | |
|  | | |  |  | |
|  | | | **Authorized Managing Officer (AMO)** (Signature over Printed Name) |  | |
| Republic of the Philippines )  Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  City/Municipality of \_\_\_\_\_\_\_\_\_\_\_) S.S | | | | | |
| **SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; affiant exhibited to me his/her Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_. | | | | | |
| **NOTARY PUBLIC**  Until December 31, 20 \_\_\_\_  Doc. No.  Page No.  Book No.  Series of 20 \_\_. | | | | | |
|  | | **AMO must sign here:** | | | |

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| **PCAB INTEGRITY PLEDGE** | |
| We believe that the construction industry is one of the most susceptible to all forms of corruption that hampers the noble objectives towards national progress and global competitiveness.  As frontrunners of nation-building, we acknowledge our major role and responsibility in ensuring that we carry out our tasks guided by ethical standards and equipped with the necessary capability for the successful prosecution of our contracts.  In view thereof, we pledge the following:   * We will present only true qualifications to PCAB so that we may be evaluated properly and be given the category and classification where we should rightfully belong; * We will uphold the dignity of the license and not be instruments for unlicensed contractors to undertake construction projects through license lending nor through false joint ventures/consortium or pseudo combinations which is inimical to the public safety/interest; * We will not employ unlicensed sub-contractors/specialty contractors which is a clear circumvention of the requirement that all contractors must be licensed; * We will absolutely shun away from any form of collusion that destroys the very essence and integrity of biddings; * We will not engage in bribery or do any act which constitutes graft or corrupt practice which is the root cause of bloated contract amounts; * We will not use sub-standard materials which will in any way compromise the safety, reliability and performance of the built environment; * We will not abandon our contracts and we will implement our projects faithfully in accordance with the prescribed specifications thereof; * We will provide the necessary resources, financial and technical capability in carrying out our contractual obligations, and as far as possible, within the stipulated time of completion; * We are aware that we will be imposed disciplinary action should we violate any of the commitments hereof or the PCAB Code of Ethics or be found to be a party to corruption. | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Managing Officer (AMO)**  (Signature over Printed Name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of Company** | |
| Republic of the Philippines )  Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  City/Municipality of \_\_\_\_\_\_\_\_\_\_\_) S.S | |
| **SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; affiant exhibited to me his/her Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_. | |
| **NOTARY PUBLIC**  Until December 31, 20 \_\_\_\_  Doc. No.  Page No.  Book No.  Series of 20 \_\_. | |
|  | **AMO must sign here:** |

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| **CONTRACTOR’S GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| Note: Please use additional sheets if necessary. | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Firm:** (as per DTI) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Office Address** | | | | | | | | | | | | | | | | **Telephone/Fax No.** (include area code) | | | | | | |
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| **If Provincial based, contact address in Manila, if any** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Website** (if any) | | | | | **Official E-mail Address** (required) | | | | | | | | | | | **Mobile No.** | | | | | | |
|  | | | | |  | | | | | | | | | | |  | | | | | | |
| **Type of Firm** | | | | | | | | | **Equity** | | | | | | | | | | | | | |
| Sole Proprietorship | | | | | | | | | Filipino: **100**% | | | | | | Foreign: **0**% | | | | Nationality: **Filipino** | | | |
| **International Organization for Standardization (ISO) Certification** (for additional credit points, please check, if any) | | | | | | | | | | | | | | | | | | | | | | |
| [ ] ISO 14001:2004 [ ] OSHAS 18001:2007 [ ] ISO 9001:2008 [ ] ISO 9001:2015 | | | | | | | | | | | | | | | | | | | | | | |
| **DTI Business Name Registration No.** | | | | | | | **Registration Date** (mm/dd/yyyy) | | | | | | | | | | **Expiry Date** (mm/dd/yyyy) | | | | | |
|  | | | | | | |  | | | | | | | | | |  | | | | | |
| **Firm’s SSS No.** | | | | **Firm’s Tax Identification No.** | | | | | | | | **Firm’s PhilHealth No.** | | | | | | | | | **Firm’s PAG-IBIG No.** | |
|  | | | |  | | | | | | | |  | | | | | | | | |  | |
| **Category Applied for**  (please check only one) | | | **Principal Classification Applied for**  (please check only one) | | | | | | | | | | **Other Classification/s Applied for**  (please check, if any) | | | | | | | | | |
| [ ] AAAA  [ ] AAA  [ ] AA  [ ] A | [ ] B  [ ] C  [ ] D  [ ] E/Trade | | [ ] General Engineering [ ] General Building  [ ] Trade [ ] Specialty (please specify below): | | | | | | | | | | [ ] General Engineering [ ] General Building  [ ] Specialty (please specify below): | | | | | | | | | |
| **2-day AMO Seminar** | | | | | | | | | | | | | | | | | | | | | | |
| Participant | | Host/Organizer | | | | | | Inclusive Dates | | | | | | | | | | Venue | | | | |
|  | |  | | | | | |  | | | | | | | | | |  | | | | |
| **40-hour Construction Safety & Health Seminar (COSH)** | | | | | | | | | | | | | | | | | | | | | | |
| Participant | | Company Position | | | | Course Provider | | | | | Inclusive Dates | | | | | | | | | Venue | | |
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|  | | | | | | | | | | | | | | **Authorized Managing Officer (AMO)**  (Signature over printed name) | | | | | | | | |
|  | | | | | | | | | | **AMO must sign here:** | | | | | | | | | | | | |

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| **AUTHORITY TO VERIFY DOCUMENTS WITH DEPOSITORY BANK** | |
| **THE MANAGER**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Subject: Bank Account Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sir:  Please provide the **Philippine Contractors Accreditation Board** **(PCAB)**, a government agency under the Department of Trade and Industry, any information they need regarding the subject account with your bank.  I am applying for a contractor's license from PCAB and part of their evaluation process is the verification of bank deposits and other assets of an applicant.  This will serve as your authorization to release any information that may be requested by PCAB regarding the above subject account.  Thank you.  Very truly yours,  Name of Firm:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Managing Officer (AMO) or**  **Authorized Signatory with the Bank**  (Signature over Printed Name)  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **AMO must sign here:** |

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| **AUTHORITY TO VERIFY DOCUMENTS WITH B.I.R.** | |
| **THE REVENUE DISTRICT OFFICER**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Subject: Income Tax Return (ITR) and Audited Financial Statement (AFS) as of \_\_\_\_\_\_**  Sir:  Please provide the **Philippine Contractors Accreditation Board** **(PCAB)**, a government agency under the Department of Trade and Industry, any information they need regarding the subject ITR and AFS filed with your office.  I am applying for a contractor's license from PCAB and part of their evaluation process is the verification of ITR and AFS of an applicant.  This will serve as a waiver on the confidentiality provision of Section 270 of the National Internal Revenue Code of 1997 (memorandum circular No.28, 2006 dated May 08, 2006) and your authorization to release any information that may be requested by PCAB regarding the above subject document/s.  Thank you.  Very truly yours,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Managing Officer (AMO)**  (Signature over Printed Name)    Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **AMO must sign here:** |

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| **AUTHORITY TO VERIFY DOCUMENTS WITH GOVERNMENT AGENCIES** | |
| The **Philippine Contractors Accreditation Board (PCAB)** is hereby authorized to verify and secure information and/or copies of documents submitted by or in the name of the firm to any or all of the following agencies relative to its application filed with the PCAB:   1. Securities and Exchange Commission (SEC) 2. Land Registration Authority (LRA) 3. Land Transportation Office (LTO) 4. Social Security System (SSS) 5. Professional Regulation Commission (PRC) 6. Philippine Health Insurance Corporation (PhilHealth) 7. Home Development Mutual Fund (Pag-IBIG)     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Managing Officer (AMO)**  (Signature over Printed Name)    Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **AMO must sign here:** |

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B. TECHNICAL

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B.2.3. STE/s Personal Appearance (page 16);

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Attach Blue

INDEX TAB here, labeled “B. Technical”

|  |  |  |
| --- | --- | --- |
| **AUTHORIZED MANAGING OFFICER (AMO) AFFIDAVIT** | | **2x2 Picture of AMO** |
| Note: Please accomplish this affidavit properly. Please use additional sheets if necessary. | |
| Republic of the Philippines )  Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_)  City/Municipality of \_\_\_\_\_\_\_\_) S.S | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | I, | **Last Name** | | | | | | **First Name** | | | | | | **Ext. Name** (Jr/Sr, if any) | | | | **Middle Name** | | | | | |  | | | | | |  | | | | | |  | | | |  | | | | | | **Citizenship** | | Born on | | | **mm** | **dd** | | **yyyy** | Single / Married to | | | **Last Name** | | | **First Name** | | | | **Middle Name** | | | |  | |  |  | |  |  | | |  | | | |  | | | | and residing at: | **Room/Floor/Unit/Bldg. Name, Lot/Block/Phase No., Street, Subdivision, Barangay, City/Municipality, Province, Zip Code** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | having duly sworn to in accordance with law depose and say:  1. That I am the Authorized Managing Officer of :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Name of Firm)**  with position of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Position in the Firm)** | | | | | | | | | | | | | | | | | | | | | | | 2. That I possess the following educational attainments (attach additional sheet if necessary) | | | | | | | | | | | | | | | | | | | | | | | **Name of School** | | | | **Address** | | | | | | | **Course** | | | | | **Inclusive Dates** | | | | | | | **From** | | | | **To** | | |  | | | |  | | | | | | |  | | | | |  | | | |  | | |  | | | |  | | | | | | |  | | | | |  | | | |  | | |  | | | |  | | | | | | |  | | | | |  | | | |  | | | 3. That I possess **at least two (2) years experience in the construction industry** as follows (Ref. Sec. 20 of IRR of R.A. 4566) | | | | | | | | | | | | | | | | | | | | | | | **Designation / Position** | | | **Company / Nature of Business** | | | | | | | **Address** | | | | **Job Description** | | | | **Dates of Employment** | | | | | **From** | | | **To** | |  | | |  | | | | | | |  | | | |  | | | |  | | |  | |  | | |  | | | | | | |  | | | |  | | | |  | | |  | |  | | |  | | | | | | |  | | | |  | | | |  | | |  | | 4. That I possess knowledge of the building, safety, health, & lien laws of the Republic of the Philippines & the rudimentary administrative principles of construction contracting from my work experiences in item 3 above and from the following training/seminars (Ref. Sec. 20 of IRR of R.A. 4566): | | | | | | | | | | | | | | | | | | | | | | | 5. That I am not involved in any construction malperformance suggestive of negligence, incompetence or malpractice or any act of omission liable for disciplinary action by myself or in collaboration with any other person (Section 4.2 of IRR of R.A. 4566) | | | | | | | | | | | | | | | | | | | | | | | 6. That I have not been convicted by a court of competent jurisdiction of any offense involving moral turpitude (Section 4.2 of IRR of R.A. 4566) | | | | | | | | | | | | | | | | | | | | | | | 7. That I am fully aware that my failure to notify PCAB of my disassociation with my present employer shall cause my disqualification to be an Authorized Managing Officer, a Sustaining Technical Employee or a license applicant with PCAB . | | | | | | | | | | | | | | | | | | | | | | | 8. That I authorize the PCAB to verify and investigate any or all information in this instrument from whatever sources PCAB may consider appropriate | | | | | | | | | | | | | | | | | | | | | | | 9. That I certify under pain of perjury that all information on this affidavit are true and correct. | | | | | | | | | | | | | | | | | | | | | | | **FURTHER AFFIANT SAYETH NAUGHT.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Managing Officer (AMO)**  (Signature over Printed Name)  **SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; affiant exhibited his/her Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_\_.  **Notary Public**  Until December 31, 20 \_\_\_  Doc. No.  Page No.  Book No.  Series of 20 \_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **AMO must sign here:** | |

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| **SUSTAINING TECHNICAL EMPLOYEE (STE) AFFIDAVIT OF UNDERTAKING** | | | | | **2x2 Picture of STE** | |
| Note: Please accomplish this affidavit properly. Refer to the next page for STE qualification requirements. | | | | |
| Republic of the Philippines )  Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_)  City/Municipality of \_\_\_\_\_\_\_\_) S.S | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | I, | | **Last Name** | | | | | **First Name** | | | | | | **Ext. Name** (Jr/Sr, if any) | | | | **Middle Name** | | |  | | | | |  | | | | | |  | | | |  | | | Born on | | **mm** | | | **dd** | **yyyy** | Single / Married to | | | **Last Name** | | **First Name** | | | | | | **Middle Name** | |  | | |  |  |  | |  | | | | | |  | | and residing at | | | **Room/Floor/Unit/Bldg. Name, Lot/Block/Phase No., Street, Subdivision, Barangay, City/Municipality, Province, Zip Code** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | with | | | **Telephone / Mobile No.** (required) | | | | | | | | | | | | **Email Address** (required) | | | | |  | | | | | | | | | | | |  | | | | | having been duly sworn in accordance with law depose and say:  1. That I am a duly licensed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and holder of PRC License No. \_\_\_\_\_\_\_\_\_\_  (Profession)  valid up to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as evidenced by a copy of my PRC ID posted below; | | | | | | | | | | | | | | | | | | | | 2. | That I hold a Bachelor's Degree in | | | | | | | **Course / Profession** | | | | | | | | | | | |  | | | | | | | | | | | | Given at: | | | **Name of School** | | | | | | | Given on: | | | **Inclusive Dates** | | | | | |  | | | | | | |  | | | | | | 3. | That my Tax Identification Number is : | | | | | | | |  | | | | | | | | | | | and my Social Security System Number: | | | | | | | |  | | | | | | | | | | | 4. | That I am employed on a regular and full-time basis by: | | | | | | | | **Name of Firm** | | | | | | | | | | |  | | | | | | | | | | | With the position of | | | | | | | | **Position in the Firm** | | | | | as STE for | | **Contracting Fiscal Year (CFY)** | | | |  | | | | | 20\_\_\_ - 20\_\_\_ | | | | 5. | That I am not presently employed by either a private company or any government office or government owned/controlled corporation, nor a full time instructor, nor working abroad; | | | | | | | | | | | | | | | | | | | 6. | That I am not a holder of a valid contractor's license; | | | | | | | | | | | | | | | | | | | 7. | That I am not involved in any construction malperformance suggestive of negligence, incompetence or malpractice or any act or omission liable for disciplinary action by myself or in collaboration with any other person; | | | | | | | | | | | | | | | | | | | 8. | That I have not been convicted by a court of competent jurisdiction of any offense involving moral turpitude; | | | | | | | | | | | | | | | | | | | 9. | That I am fully aware that my failure to notify the PCAB of my disassociation from my present employer **within 30 days from such disassociation** shall cause my disqualification from being a Sustaining Technical Employee, an Authorized Managing Officer and an applicant for a contractor’s license with PCAB; | | | | | | | | | | | | | | | | | | | 10. | That I authorize the PCAB to verify and investigate any or all information in this affidavit from whatever sources PCAB may consider appropriate; | | | | | | | | | | | | | | | | | | | 11. | That I am executing this affidavit to attest to the truth of the foregoing. | | | | | | | | | | | | | | | | | | | **FURTHER AFFIANT SAYETH NAUGHT.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Sustaining Technical Employee (STE)**  (Signature over Printed Name)  **SUBSCRIBED and sworn** to before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; affiant exhibited his/her Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_.  Doc. No. **Notary Public**  Page No. Until December 31, 20 \_\_\_  Book No.  Series of 20 \_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  | |  |
|  | **-PASTE HERE-**  **Actual Size clear copy of**  **valid PRC ID CARD**  **(Front)** |  |  | **-PASTE HERE-**  **Actual Size clear copy of**  **valid PRC ID CARD**  **(Back)** | |  |
|  |  |  |  |  | |  |
|  | | | **AMO must sign here:** | | | |

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| --- | --- |
| **STE QUALIFICATION REQUIREMENTS** | |
| 1. A technology professional, such as engineer or architect, duly licensed by the Professional Regulation Commission (PRC). 2. Holder of a valid PRC ID 3. With three (3) years minimum actual construction experience. 4. A full-time employee of the nominating contractor, not associated professionally or by employment with any other party, particularly a party engaged in construction or construction-related activities. 5. Have none of the following disqualifications: 6. Involvement, in any capacity, in any construction malperformance of grave consequence, suggestive of his negligence, incompetence and/or malpractice; 7. Involvement, by himself or in collaboration with any other person or firm, in any act or omission liable for disciplinary action of which he/she is or the other person or firm was found guilty by the PCAB Board; 8. Conviction by a court of competent jurisdiction of any offense involving moral turpitude; and 9. If formerly a Sustaining Technical Employee or an Authorized Managing Officer of any construction firm but disassociated there from, failure to notify the Board of his disassociation in accordance with paragraph 5 and 6 of the Affidavit of Undertaking.   This is to certify that I have verified with PRC the above stated professional eligibility/registration of the Sustaining Technical Employee. Affiant herein and found the same to be true and correct.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Managing Officer (AMO)**  (Signature over Printed Name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | |
|  | **AMO must sign here:** |

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| **STE AFFIDAVIT OF CONSTRUCTION EXPERIENCE** | |
| Note: To be accomplished by the **NEWLY nominated STE**. Please use additional sheets if necessary. | |
| Republic of the Philippines )  Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_)  City/Municipality of \_\_\_\_\_\_\_\_) S.S  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, single/married, Filipino, of legal age, with postal address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having been duly sworn in accordance with law depose and say that the projects enumerated below constitute my full & complete construction experience.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name and**  **Complete Address of Employer/**  **Name & Location of Projects Undertaken** | **Work**  **Classification**  (GE, GB, SP) | **Nature/Scope of Work Assignment**  (Proj. Engr.) | **Project Duration**  (mm/dd/yyyy) | | | **From** | **To** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   That I authorize the PCAB to verify and investigate any or all information in this affidavit from whatever sources PCAB may consider appropriate;  That I am executing this affidavit to attest to the truth of the foregoing.  **FURTHER AFFIANT SAYETH NAUGHT.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Sustaining Technical Employee (STE)**  (Signature over Printed Name)  **SUBSCRIBED and sworn** to before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; affiant exhibited his/her Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_.  **Notary Public**  Until December 31, 20 \_\_\_  Doc. No  Page No.  Book No.  Series of 20 \_\_\_\_\_. | |
|  | **AMO must sign here:** |

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| --- |
| **STE PERSONAL APPEARANCE** |
| **Note:** To be accomplished and signed by the **NEWLY nominated STE.** The STE Personal Appearance is **valid only for three (3) months** from the date signed by the PCAB/CIAP Window/DTI Personnel. |
| |  |  |  |  | | --- | --- | --- | --- | | **Name of STE** | | | | | Last Name | First Name | Ext. Name (Jr/Sr, if any) | Middle Name | |  |  |  |  | | **Profession** | | **PRC ID No.** | **Expiration Date** | |  | |  |  | | **Present Employer (Company Name)** | | | | |  | | | |   I hereby confirm the following:   1. The veracity of the information reflected on the STE Affidavit and Affidavit of Construction Experience that I executed in favor of the above present employer; 2. That I am fully aware that my failure to notify the PCAB of my disassociation from the above-stated nominating firm and any misrepresentation in the attached forms shall cause my disqualification as sustaining technical employee, or authorized managing officer, or a licensee applicant with PCAB per Board Resolution No. 401, Series of 2001.   3. That I have been previously connected with the following companies and disassociated therefore:   |  |  |  |  | | --- | --- | --- | --- | | **Previous Employers (Company Name)** | **Date of Employment** | **Date of Resignation** | **Position** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   4. Other Remarks:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Valid I.D.(s) Presented:     1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   STE’s Signature   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signed  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -   |  |  | | --- | --- | | **To be filled out by PCAB/CIAP Window/DTI-ROG Personnel** |  | |  | | **Signature over Printed Name** | **STE’s Specimen Signature (during interview)** | | Date: | Date: | | PCAB/CIAP Window/DTI-ROG Office: | |

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C. FINANCIAL

**Table of Contents:**

C.1. Complete Audited Financial Statement (AFS) with accompanying Auditor’s Opinion Report and Notes dated within the last six (6) months immediately preceding the filing of application (duly audited and signed on every page by an Independent CPA with valid PRC-BOA accreditation);

C.2. For EXISTING/OLD companies: AFS for the immediately preceding taxable year and copy of Annual Income Tax Return (ITR) and Quarterly ITR certified by the BIR;

C.3. Additional documents in support to item C.1 (if applicable) shall be IN THE NAME OF THE FIRM OR OWNER/SPOUSE:

C.3.1. Cash in Bank: Original copy of Bank Certification / Bank statement of account certified by Bank Manager of cash deposits as of the BALANCE SHEET DATE;

C.3.2. List of Constructor’s Real Properties (page 18);

C.3.2.1. Certified copy of Transfer of Certificate of Title (TCT) including back page and Deed of Sale or Tax Declaration of Land;

C.3.2.2. Certified copy of Condominium Certificate of Title and Deed of Sale or Tax Declaration of Condominium;

C.3.2.3. Certified copy of Tax Declaration of Building and Improvements;

C.3.3. List of Constructor’s Plants, Vehicles and Equipment (page 19);

C.3.3.1. Certified copy by Land Transportation Office (LTO) Certificate of Registration and Current Official Receipt of Registration of Construction and/or Transportation / Delivery Vehicles / Equipment reported;

C.3.3.2. Deed of Sale or sales invoices/official receipts of other construction equipment/machineries;

C.3.4. Schedule of Receivables (page 20);

C.3.5. Construction in Progress: Schedule with complete details (if the amount exceeds 10% of the Net Worth);

C.3.6. Appropriate documents in support of Other Assets;

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|  |  |
| --- | --- |
| **LIST OF CONSTRUCTOR’S REAL PROPERTIES** | |
| Note: Fill-out this form if applicable. Please use additional sheets if necessary. | |
| **REAL PROPERTIES OF THE FIRM AS OF THE BALANCE SHEET DATE**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **COMPLETE DESCRIPTION**  (Type of Land/Building) | **\*TCT-CLT/ CCT/TD**  **NUMBER** | **LOCATION**  (Street No., Barangay, Municipality/City, Province) | **ACQUISITION**  **COST** | **ACQUISITION**  **DATE** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **\*LEGEND:**  **TCT – Transfer Certificate of Title**  **CCT – Condominium Certificate of Title**  **TD – Tax Declaration**  **CLT – Certificate of Land Title**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Managing Officer (AMO)**  (Signature over Printed Name)      Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **AMO must sign here:** |

|  |  |
| --- | --- |
| **LIST OF CONSTRUCTOR’S PLANTS, VEHICLES AND EQUIPMENT** | |
| Note: Fill-out this form if applicable. Please use additional sheets if necessary. | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **A. DELIVERY AND TRANSPORTATION EQUIPMENT OF THE FIRM AS OF BALANCE SHEET DATE** | | | | | | | | **COMPLETE DESCRIPTION** | | | | **ACQUISITION** | | **BOOK**  **VALUE**  (Php) | | **Vehicle Brand / Type** | **Plate No.** | **Year Model** | **OR No. / Date** | **Date** | **Cost**  (Php) | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | **OVERALL TOTAL VALUE** | | | | | Php | Php |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **B. MACHINERIES/PLANTS AND OTHER CONSTRUCTION EQUIPMENT OF THE FIRM AS OF BALANCE SHEET DATE** | | | | | | **COMPLETE**  **DESCRIPTION** | **SERIAL NO.** | **ACQUISITION** | | **BOOK**  **VALUE**  (Php) | | **Date** | **Cost**  (Php) | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **OVERALL TOTAL VALUE** | | | Php | Php |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Managing Officer (AMO)**  (Signature over Printed Name)    Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **AMO must sign here:** |

|  |  |
| --- | --- |
| **SCHEDULE OF RECEIVABLES** as of \_\_\_\_\_\_\_\_ | |
| Note: To be accomplished **if the applicant's receivable accounts (accounts/contracts & other receivable) exceed 50% of the total Net Worth/equity as of the latest audited balance sheet submitted in support of its application**. Please use additional sheets if necessary. | |
| |  |  |  |  | | --- | --- | --- | --- | | **Name of Projects** | **Amount Due for Collection** | **Age** | **Client Name / Complete Address** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Certified Correct by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Printed Name and Signature of External Auditor Printed Name and Signature of AMO** | |
|  | **AMO must sign here:** |

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D. OTHERS

**Table of Contents:**

D.1. Authorized Representatives Affidavit (page 22);

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| --- | --- |
| **AUTHORIZED REPRESENTATIVES AFFIDAVIT** | |
| Note: To be accomplished by the AMO. | |
| Republic of the Philippines )  Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_)  City/Municipality of \_\_\_\_\_\_\_\_) S.S   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | I, | | **Last Name** | | | | **First Name** | | | | **Ext. Name** (Jr/Sr, if any) | | **Middle Name** | | |  | | | |  | | | |  | |  | | | born on | | **mm** | | **dd** | **yyyy** | Single / Married to | | **Last Name** | **First Name** | | | | **Middle Name** | |  | |  |  |  |  | | | |  | | and residing at: | | **Room/Floor/Unit/Bldg. Name, Lot/Block/Phase No., Street, Subdivision, Barangay, City/Municipality, Province, Zip Code** | | | | | | | | | | | | |  | | | | | | | | | | | | | having duly sworn to in accordance with law depose and say: | | | | | | | | | | | | | | | 1. | That I am the Authorized Managing Officer of : | | **Name of Firm** | | | | | | | | | | | |  | | | | | | | | | | | | with office address at: | | **Room/Floor/Unit/Bldg. Name, Lot/Block/Ph. No., Street, Subdivision, Barangay, City/Municipality, Province, Zip Code** | | | | | | | | | | | |  | | | | | | | | | | | | 2. | That I appoint two (2) representatives, whose pictures and signatures appear below: | | | | | | | | | | | | | | **Name of Representatives and**  **Positions in the Firm** | | | | | | **Pictures (2x2) of Representatives** | | | | **Signature of Representatives**  **over Printed Name** | | | | Representative 1 | | | | | | Representative 1 | | | | Representative 1 | | | | Representative 2 | | | | | | Representative 2 | | | | Representative 2 | | | | to transact business with PCAB; i.e, present for pre-screening my application for contractor’s license or any application related thereto, file/follow-up, submit documents, receive notices/license in connection with the said application and the like. | | | | | | | | | | | | | | 3. | That I am aware that I am responsible/liable for any or all acts/representation made by my representatives in connection with the functions stated herein. | | | | | | | | | | | | | | 4. | That I undertake to notify PCAB in the event that this appointment is modified, amended or revoked. | | | | | | | | | | | | | | 5. | That I have read and fully understood and complied with the requirements of PCAB Board Resolution No. 515 s. 2011 (copies of required documents are attached). | | | | | | | | | | | | |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Managing Officer (AMO)**  (Signature over Printed Name)  **SUBSCRIBED and sworn** to before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; affiant exhibited his/her Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_\_\_.  **Notary Public**  Until December 31, 20 \_\_\_  Doc. No.  Page No.  Book No.  Series of 20 \_\_\_ | |
|  | **AMO must sign here:** |

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| **GUIDELINES FOR CLASSIFICATION AND CATEGORIZATION OF CONTRACTORS** |
| * + 1. **Classification** means the area of operation that a contractor can engage is based on the technical experience of his sustaining technical employee (STE). A contractor may apply for and be issued more than one classification, one of which shall be designated as his principal classification.     2. **Category** indicates the graded level of aggregate capability of a contractor with respect to his principal classification and is based on predetermined qualification criteria which include financial capacity, experience of STE, track record and equipment. Evaluation of category shall be based on the following criteria quantified by credit points in scales as determined by the Board.  1. **Financial capacity** shall be in term of Net Worth based on the latest Audited Financial Statements (AFS) submitted to the Bureau of Internal Revenue (BIR), or paid-up capital based on the latest audited financial statements submitted to the Securities and Exchange Commission (SEC), if a newly-organized partnership or corporation. PCAB has the right to reject or reduce portion thereof if, upon verification, the reported assets of the contractor were found to be erroneous or not adequately supported with appropriate documents. Corresponding credit points is 1 for every P100,000.00 of the value of Net Worth/Stockholder’s Equity. 2. **Equipment Capacity** shall be in term of book value as reflected in the constructor’s latest audited financial statement submitted to the BIR or the SEC, whichever is applicable, or equipment owned which are in operational condition and applicable to construction of the classification in which the constructor is to be categorized. Said owned equipment shall include units under installment and/or under lease purchase. Corresponding credit points is 1 for every P100,000.00 of the NBV of the contractor owned equipment. 3. **Experience of firm** shall be in terms of: 4. **Aggregate number of years** in which the constructor firm, under the same business identify, has beenactively engaged in construction contracting operation. Corresponding credit points is 10 for every year of actual construction operation as a licensed contractor; and 5. **Average Annual Value of Work Completed** by the firm during the past three (3) years or, if constructor’s license is less than three (3) years, since being licensed, based on the audited financial statements submitted to the BIR. Corresponding credit points is one (1) for every P100,000.00 of the annual value of work accomplishment. 6. **Experience of technical personnel** shall be the sum total of individual experience of each STE nominated to the classification and shall be subject to the qualification requirement of each category as indicated in the PCAB Classification and Categorization Table. Said individual experience of the STE shall be as defined and qualified below: 7. The experience shall be in term of aggregate number of years in which the STE, in his present employment as well as previous, has been involved in construction is to be categorized. 8. It shall include only the years in which he was performing in managerial/supervisory capacity bearing on construction operation and/or contract implementation. 9. It shall be subject to a creditable ceiling of thirty (30) years, over which no excess shall be recognized.   Corresponding credit point is five (5) for every year of experience in construction.  The category of a contractor shall be determined on the basis of the number of points credited on the aggregate/combined experience of all its qualified STE. Only STEs who meet the minimum individual experience required shall be considered in determining aggregate experience and credit points. Thus, in order to qualify to the technical capacity requirement for category “AAA”, the contractor must have qualified STEs whose individual experience is not less than ten (10) years with a creditable ceiling of thirty (30) years and have an aggregate/combined experience of at least sixty (60) years.   * + 1. In determining a contractor’s category, his qualification must satisfy all the minimum requirements, corresponding to the classification and category applied for, qualified and rated according to equivalent credit points and shall be the lowest sustainable by all three determinants as follows:     2. Financial Capacity     3. Experience of STE     4. Overall credit points based on the four qualification criteria referred to in item 2 of these guidelines. |
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| **GUIDELINES FOR THE LICENSING OF CATEGORY QUADRUPLE A CONTRACTORS** |
| Board Resolution No. 079, series of 2017 |
| **Introduction**  The Quadruple A category license is a new category that will allow for the issuance of a regular license (with annotation) to contractors with more than 40% foreign equity participation.  **Scope of Registration**  A newly organized domestic corporation (up to 100% foreign-owned) whose purpose is construction is eligible to apply for the category. Likewise, a licensed contractor who has an Equity / Net Worth at least Php 1 Billion may apply for upgrading to Quadruple A.  There will be two types of Quadruple A Licenses:  **1. Quadruple A Platinum** - locally owned licensed contractors with at least Php 1 Billion equity  **2. Quadruple A Gold** - foreign-owned domestic corporation with at least Php 1 Billion equity    **Authorized Managing Officer (AMO)**  The AMO may be a foreigner provided that the foreign AMO complies with the PCAB qualification standards of a Filipino AMO. The AMO should be at least 35 years old.    The AMO should complete the AMO seminar, COSH and pass the AMO examination and interview by the Board.  **Financial Qualification**  The Financial Qualification shall be evidenced by Audited Financial Statements with at least Php 1 Billion equity. For newly organized foreign owned subsidiaries, the equity of PHP 1 Billion in cash shall be evidenced by inward remittance through the Banko Sentral ng Pilipinas.    **Technical Qualification**  The Technical Qualification shall be that of the AAA category.  **Limitation of the License**  **Quadruple A Gold contractors** may undertake private projects under the following contract cost:  **•** **For vertical projects** - minimum contract cost of PHP 5 Billion  **• For horizontal projects** - minimum contract cost of PHP 3 Billion  **Quadruple A Platinum contractors** may undertake government and private projects of any contract cost.  The Quadruple A category shall be limited to general contractors. However, Quadruple A contractors may engage licensed subcontractor/specialty contractors to work on portions of its projects.  **Renewal**  Quadruple A Gold contractors should maintain the Financial and Technical Qualifications for Quadruple A category. If a Quadruple A contractor does not maintain its P 1 Billion equity, its license will be invalidated.  Quadruple A Platinum contractors who fail to meet the Financial and Technical Qualifications shall be downgraded to the highest category they will qualify for. |
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| **PCAB Categorization – Classification Table**  (Board Resolution No. 201, series of 2017) | | | | | | | |
| **Classification** | **Category** | **Minimum Qualification Requirements** | | | | | |
| **(1)**  **\*Financial Capacity** | | **(2)**  **\*\*Sustaining Technical Employee (STE) Construction Experience** | | | **(3)**  **\*\*\*Overall**  **Credit Points** |
| **Minimum Networth /**  **Equity (P)** | **Credit Points** | **Indivi-dual (years)** | **Aggre-gate (man-years)** | **Minimum**  **Credit Points** |
| **A. GENERAL ENGINEERING**  **GE-1** (Road, Highways, Pavement, Railways, Airport Horizontal Structure, and Bridges)  **GE-2** (Irrigation or Flood Control)  **GE-3** (Dam, Reservoir or Tunneling)  **GE-4** (Water Supply)  **GE-5** (Port, Harbor or Offshore Engineering) | AAAA | 1,000,000,000.00 | 10,000.00 | 10 | 60 | 300 | 10,300.00 |
| AAA | 180,000,000.00 | 1,800.00 | 10 | 60 | 300 | 2,850.00 |
| AA | 90,000,000.00 | 900.00 | 10 | 50 | 250 | 1,365.15 |
| A | 30,000,000.00 | 300.00 | 7 | 21 | 105 | 475.00 |
| B | 10,000,000.00 | 100.00 | 5 | 10 | 50 | 177.50 |
| C | 6,000,000.00 | 60.00 | 3 | 3 | 15 | 105.50 |
| D | 2,000,000.00 | 20.00 | 3 | 3 | 15 | 35.00 |
| **B. GENERAL BUILDING**  **GB-1** (Building or Industrial Plant)  **GB-2** (Sewerage or Sewage System)  **GB-3** (Water Treatment Plant & System)  **GB-4** (Park, Playground or Recreational Work) | AAAA | 1,000,000,000.00 | 10,000.00 | 10 | 60 | 300 | 10,300.00 |
| AAA | 180,000,000.00 | 1,800.00 | 10 | 60 | 300 | 2,810.00 |
| AA | 90,000,000.00 | 900.00 | 10 | 50 | 250 | 1,345.00 |
| A | 30,000,000.00 | 300.00 | 7 | 21 | 105 | 471.00 |
| B | 10,000,000.00 | 100.00 | 5 | 10 | 50 | 175.50 |
| C | 6,000,000.00 | 60.00 | 3 | 3 | 15 | 96.50 |
| D | 2,000,000.00 | 20.00 | 3 | 3 | 15 | 35.00 |
| **C. SPECIALTY**  **SP-FW** (Foundation Work)  **SP-SS** (Structural Steel Work)  **SP-CC** (Concrete Pre-casting, Pre-Stressing or Post-tensioning)  **SP-PS** (Plumbing & Sanitary Work)  **SP-EE** (Electrical Work)  **SP-ME** (Mechanical Work)  **SP-AC** (Air-conditioning or Refrigeration)  **SP-ES** (Elevator or Escalator)  **SP-FP** (Fire Protection Work)  **SP-WP** (Waterproofing Work)  **SP-PN** (Painting Work)  **SP-WD** (Well-Drilling Work)  **SP-CF** (Communication Facilities)  **SP-MS** (Metal Roofing & Siding  Installation)  **SP-SD** (Structural Demolition)  **SP-LS** (Landscaping)  **SP-EM** (Electro Mechanical Work)  **SP-NF** (Navigational Facilities) | AAAA | 1,000,000,000.00 | 10,000.00 | 10 | 60 | 300 | 10,300.00 |
| AAA | 180,000,000.00 | 1,800.00 | 10 | 60 | 300 | 2,410.00 |
| AA | 90,000,000.00 | 900.00 | 10 | 50 | 250 | 1,145.00 |
| A | 30,000,000.00 | 300.00 | 7 | 21 | 105 | 421.00 |
| B | 10,000,000.00 | 100.00 | 5 | 10 | 50 | 165.50 |
| C | 6,000,000.00 | 60.00 | 3 | 3 | 15 | 90.50 |
| D | 2,000,000.00 | 20.00 | 3 | 3 | 15 | 35.00 |
| **D. SP-TRADE** | Trade/E | 100,000.00 | 1.00 | none | none | none | 1.00 |
| \* Minimum Qualification Requirements for Principal Classification  \*\* For Other Classification/s, Minimum of 3 Years Actual Construction Experience  \*\*\* Overall credit points inclusive of Equipment Capacity (1 point/P100Th); Experience of Firm (10 points/year of active existence); and  1 point/P100Th of 3 year Average Annual Volume of Work Accomplished; and COMTCP points if STEs are COMTCP certified | | | | | | | |

**FEE STRUCTURE**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **New Regular License Application** | | | | | | | | |
|  | **Category** | | | | | | | |
| **Fee Particulars** | **AAAA** | **AAA** | **AA** | **A** | **B** | **C** | **D** | **E/Trade** |
| Filing Fee | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 |
| Classification Fee |  |  |  |  |  |  |  |  |
| Principal | 4,800 | 4,800 | 2,400 | 480 | 240 | 144 | 48 | nil |
| Other/s (chargeable for each classification) | 2,400 | 2,400 | 1,200 | 240 | 120 | 72 | 24 | nil |
| Categorization Fee | 100,000 | 43,200 | 21,600 | 7,200 | 4,800 | 2,400 | 1,200 | nil |
| License Fee | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Documentary Stamp Tax | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| Legal Research Fund | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| **Grand Total (P)** | **108,542** | **51,742** | **26,542** | **9,262** | **6,502** | **3,958** | **2,614** | **1,342** |
| Forms of Payment - Cash / Postal Money Order or Manager’s Check or Cashier’s Check payable to “CIAP” /  Online payment via Landbank (visit ciap.dti.gov.ph for more information) | | | | | | | | |

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