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| **Instruction**: Read Important Reminders (page 19 and 20). The following pertinent documents and information shall be submitted in support to PCAB Change of Business Name & Status Application. | | | | | | | |
| **Checklist of Requirements** | | | | | **Remarks** | | |
| **A. LEGAL** | | | | | | | |
| A.1. | Affidavit of Attestation and General Information (page 3 and page 5); | | | |  |  |  |
| A.1.1. | | **For change in address only** - Business Permit, or any other official document showing the new office address of the applicant; | | |  |  |  |
| A.1.2. | | Certified true copy of SEC Certificate of Registration under the new / status and Articles of Incorporation and By-laws showing that 70% of shares subscribed must belong to the previous owner/AMO); | | |  |  |  |
| A.1.3. | | Original copy of Secretary’s Certification as to the present composition of the firm’s Shareholdings and Board of Directors showing the names, nationalities, shareholdings of Stockholders and directors; | | |  |  |  |
| A.1.4. | | Affidavit from the Proprietor/Authorized Managing Officer that the construction firm under the sole proprietorship has no pending case (administrative, civil and/or criminal); | | |  |  |  |
| A.1.5. | | Original copy (news clipping) of announcement/publication in a newspaper of general circulation **(broadsheet only)** re: Change of Business Name & Status; | | |  |  |  |
| A.1.6. | | AMO Nomination Form (page 6) showing the same AMO; | | |  |  |  |
| A.2. | PCAB Integrity Pledge (page 4); | | | |  |  |  |
| **B. FINANCIAL** | | | | | | | |
| B.1. | Complete Financial Statements with accompanying Auditor’s 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)** and a CD-R (compact disc recordable) containing the firm’s Audited Balance Sheet & Income Statement in the prescribed template to be uploaded in the CIAP database. The PCAB Financial Statement Forms A & B (A. Balance Sheet / B. Income Statement) can be downloaded at CIAP website, [**www.ciap.dti.gov.ph**](http://www.ciap.dti.gov.ph); | | | |  |  |  |
| B.2.1. | | **Documents in support of new aquisitions**: | | |  |  |  |
| B.2.1.1. | | | **Cash** - Original copy of Bank Certification/Bank statement of account certified by Bank Manager of cash deposits as of the Balance Sheet date; **(Note: Amount in excess of 1% of the networth per Audited Balance Sheet or P 500,000.00 whichever is higher, reflected as “Cash” or “Cash on Hand” will be deducted from the Networth);** | |  |  |  |
| B.2.1.1.1. | | | | Authorization to Depository Bank (page 7); |  |  |  |
| B.2.1.2. | | | **Land and Building** - List of Land and Building/s owned by the company and registered in its name (page 10); | |  |  |  |
| B.2.1.2.1. | | | | Certified copy of TCT including back page for **newly** acquired land and/or condominium which were not previously reported/submitted to PCAB; |  |  |  |
| B.2.1.2.2. | | | | Certified copy of Deed of Sale or Tax Declaration of **newly** acquired / newly constructed building which were not previously reported / submitted to PCAB; |  |  |  |
| B.2.1.3. | | | **Transportation & Construction Equipment -** List of Construction and/or Transportation/Delivery Vehicles/Equipment/Machineries/Plants owned by the company and registered in its name (page 11); | |  |  |  |
| B.2.1.3.1. | | | | Certified copy by the LTO of the LTO Certificate of Registration and current Official Receipt of Registration of newly acquired registrable Construction and/or Transportation / Delivery Vehicles/Equipment; |  |  |  |
| B.2.1.3.2. | | | | Certified copy of Deed of Sale or sales invoices/official receipts for newly acquired construction equipment/machineries/plants, or newly acquired construction equipment; |  |  |  |
| B.2.1.4. | | | **Other Assets** (i.e. investment in Banks and / or Shares of stocks and other accounts); | |  |  |  |
| B.2.1.4.1. | | | | Certified copies of certificates of Stock, time deposits, & other pertinent proofs of ownership of other assets; |  |  |  |
| B.2.2. | | **If increase is due to appraisal of properties** -Independent Appraisers Report duly licensed by the Professional Regulation Commission; | | |  |  |  |
| B.2.3. | | **Schedule of Receivables** - if the value of the said account exceed 50% of the Contractor’s Networth per Audited Balance Sheet duly signed by AMO and certified by External Auditor (page 12) | | |  |  |  |
| B.2. | Authorization to verify documents from BIR & other agencies and/or quarterly income tax return to cover income reported on interim financial statements (page 8 and page 9) | | | |  |  |  |

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| **Checklist of Requirements** | | | | | | | **Remarks** | | | | | | |
| **C. TECHNICAL** | | | | | | | | | | | | | |
| C.1. | Current List of Sustaining Technical Employee/s - STE (page 13) supported by the following documents for **each** STE: | | | | | |  | | |  | | |  |
| C.1.1. | | Completion of 40-hour Safety Seminar (COSH) of at least one of the listed qualified Sustaining Technical Employees; | | | | |  | |  | | |  | |
| **For newly nominated STE/s:** | | | | | | |  | |  | | |  | |
| C.1.2. | | STE Affidavit/s with recent passport size picture/s (page 14); | | | | |  | |  | | |  | |
| C.1.3. | | Certified true copy of valid PRC ID of STE as licensed professional; | | | | |  | |  | | |  | |
| C.1.4. | | Original NBI Clearance/s of nominated STE/s; | | | | |  | |  | | |  | |
| C.1.5. | | STE Affidavit/s of Construction Experience (page 16); | | | | |  | |  | | |  | |
| C.1.6. | | Personal Appearance Form duly accomplished and signed by the STE/s appearing before the designated officer of the PCAB or the nearest DTI Regional/Provincial Office/CIAP Window (page 17); | | | | |  | |  | | |  | |
| **For previously nominated STE/s:** | | | | | | |  | |  | | |  | |
| C.1.7. | | STE Affidavit/s with recent passport size picture/s (page 14); | | | | |  | |  | | |  | |
| C.1.7.1. | | | **For STE/s below 60 years old**: Certified copy of the pertinent page of CCL (formerly SSS Form R-3) submitted to SSS for the quarter immediately preceding the filing of application; | | | |  | |  | | |  | |
| C.1.7.2. | | | **For STEs 60 years old and above**: Certified copy of Certificate of Income Tax Withheld on compensation (BIR Form 2316, formerly BIR W-2) for the taxable year immediately preceding the filing of application issued by the firm to the employee and duly stamped received by BIR/ or accredited bank. | | | |  | |  | | |  | |
| C.2. | Certificate of DOLE-accredited Safety Practitioner for Category “AAA” applicants **(for additional credit points)**; | | | | | |  | |  | | |  | |
| **D. GENERAL INFORMATION** (page 5) | | | | | | | | | | | | | |
| D.1. | Membership with SSS, PHILHEALTH & PAG-IBIG; | | | | | |  |  | | |  | | |
| D.2. | E-mail Address; | | | | | |  |  | | |  | | |
| D.3. | Certificate of ISO accreditation **(for additional credit points)**; | | | | | |  |  | | |  | | |
| **E. OTHERS** | | | | | | | | | | | | | |
| E.1. | Firm’s Authorized Representatives **(note: must be an employee of the firm)** Affidavit with recent passport size picture (page 18); | | | | | |  |  | | |  | | |
| E.1.1. | | Copy of company ID of the Authorized Representatives; | | | | |  |  | | |  | | |
| E.1.2. | | Latest CCL - formerly SSS Form R-3 (for below 60 years old) or Certificate of Income Tax Withheld - BIR Form 2316, formerly BIR W-2 (for 60 years old and above) of the representatives; | | | | |  |  | | |  | | |
| E.2. | Original signature of AMO on each and every page of the application forms including supporting documents; | | | | | |  |  | | |  | | |
| E.3. | Certified documents. In lieu of certified copies, photocopies may be accepted provided original copies are presented for authentication; | | | | | |  |  | | |  | | |
| E.4. | Self-stamped envelopes for verification of supporting documents (one self-stamped envelope per supporting document); | | | | | |  |  | | |  | | |
| E.5. | Mode of Release of License (please check only one): [ ] Mail using the attached prepaid courier pouch;  [ ] Claim at PCAB Makati; [ ] Claim at CIAP Window / DTI ROG Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | |  |  | | |  | | |
| **FOR PCAB / DTI-ROG USE ONLY** | | | | | | | | | | | | | |
| **Item No.** | **1st Prescreening** | | | | **2nd Prescreening** | **3rd Prescreening** | **4th Prescreening** | | | | | | |
| [ ] PCAB Makati [ ] DTI-ROG \_\_\_\_\_\_ | | | | [ ] PCAB Makati  [ ] DTI-ROG \_\_\_\_\_\_ | [ ] PCAB Makati  [ ] DTI-ROG \_\_\_\_\_\_ | [ ] PCAB Makati  [ ] DTI-ROG \_\_\_\_\_ | | | | | | |
| Prescreener: | | | Date: |
| [ ] Accepted [ ] Comply lacking items | | | |
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| **AFFIDAVIT OF ATTESTATION** | | | | |
| In behalf of |  | | |  |
|  | (Name of Firm) | | |  |
| holder of Contractor's License No. \_\_\_\_\_\_\_\_\_\_\_, originally issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and last renewed for CFY 20\_\_ to 20\_\_, I hereby request for a change in its Business Name and Status to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  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** (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 \_\_. | | | | |

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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**  (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 \_\_. |

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| **CONTRACTOR’S GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: Please use additional sheets if necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New Name of Firm:** (as per SEC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Office Address** | | | | | | | | | | | | | | | | | | | **Telephone/Fax No.** (include area code) | | | | | | | | | |
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| **If Provincial based, contact address in Manila, if any** | | | | | | | | | | | | | | | | | | |
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| **Website** | | | | | **E-mail Address** (required) | | | | | | | | | | | | | | **Mobile No.** | | | | | | | | | |
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| **New Type of Firm** (please check only one) | | | | | | | | | | | | **Equity** | | | | | | | | | | | | | | | | |
| [ ] Partnership [ ] Corporation | | | | | | | | | | | | Filipino: % | | | | | | Foreign: % | | | | | | | | Nationality: | | |
| **International Organization for Standardization (ISO) Certification** (please check, if any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [ ] ISO 14001:2004 [ ] OSHAS 18001:2007 [ ] ISO 9001:2008 [ ] ISO 9001:2015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SEC No.** | | | | | | | | | | **Registration Date** (mm/dd/yyyy) | | | | | | | | | | | **Expiry Date** (mm/dd/yyyy) | | | | | | | |
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| **Firm’s SSS No.** | | | | **Tax Identification No.** | | | | | | | | | | **PhilHealth No.** | | | | | | | | | | | **PAG-IBIG No.** | | | |
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| **Original Contractor’s License No.** | | | | | | | **Date Issued** (mm/dd/yyyy) | | | | | | | | | | | | | | | **Last Renewal of License** | | | | | | |
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| **Present Category**  (please check only one) | | | **Principal Classification**  (please check only one) | | | | | | | | | | | | | **Other Classification/s**  (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 | | | | | |
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| **40-hour Safety Seminar** ( [ ] COSH / [ ] BOSH with Construction Safety Components ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant | | Company Position | | | | | | Course Provider | | | | | Inclusive Dates | | | | | | | | | | | Venue | | | | |
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| **Owners / Stockholders / Officers** (for corporation / partnership) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | Position | | | Nationality | | | | | | Capital Subscription | | | | | Paid-up Capital | | | | | | Percentage | | |
| Shares | Peso value | |
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| **Directors / Officers** (for corporation only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | Position | | | Nationality | | | Address | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | **Authorized Managing Officer**  (Signature over printed name) | | | | | | | | | | | |

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| **SECRETARY’S CERTIFICATION** |
| Note: For Corporations only |
| Republic of the Philippines )  Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_)  City/Municipality of \_\_\_\_\_\_\_\_) S.S   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | I, | **Last Name** | | **First Name** | | | | | **Ext. Name** (Jr/Sr, if any) | | **Middle Name** | |  | |  | | | | |  | |  | | and residing at: | | **Room/Floor/Unit/Bldg. Name, Lot/Block/Phase No., Street, Subdivision, Barangay, City/Municipality, Province, Zip Code** | | | | | | | | | |  | | | | | | | | | | do hereby certify, in my capacity as the duly elected and incumbent Corporate Secretary of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Name of Firm)** | | | | | | | | | | | | That during its regular meeting held on | | | | **dd** | **mm** | **yyyy** | held at | | **City / Municipality of Meeting** | | |  |  |  |  | | | Wherein a quorum was present , the following resolution was unanimously approved, to wit:  **AMO NOMINATION**  "R E S O L V E as it is hereby resolved that  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  (FIRSTNAME MIDDLENAME SURNAME)  a senior executive who has been granted the power to render general management and administrative decision, be appointed as the firm's Authorized Managing Officer to act on all matters concerning the requirements of the PCAB and implementation of R.A. 4566 as amended by P.D. 1746."  **IN WITNESS WHEREOF**, I have hereunto affixed my hand this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_, in  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Philippines.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Corporate Secretary**  (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 \_\_\_ | | | | | | | | | | | |

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| **AUTHORITY TO VERIFY BANK ACCOUNT** |
| THE MANAGER  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Subject: Bank Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name of  Authorized Managing Officer or  Authorized Signatory with the Bank  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **AUTHORITY TO VERIFY ITR / AFS FROM B.I.R.** |
| THE REVENUE DISTRICT OFFICER  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Subject: Income Tax Return and Audited Financial Statement 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,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name of  Authorized Managing Officer  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **AUTHORITY TO VERIFY FROM GOVERNMENT AGENCY/IES** |
| **AUTHORIZATION**  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)     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name of  Authorized Managing Officer    Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **LIST OF CONSTRUCTOR’S REAL PROPERTIES** |
| Note: 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**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name of  Authorized Managing Officer    Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **LIST OF CONSTRUCTOR’S PLANTS, VEHICLES AND EQUIPMENT** |
| Note: Please use additional sheets if necessary. |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 1. **DELIVERY AND TRANSPORTATION EQUIPMENT OF THE FIRM AS OF BALANCE SHEET DATE** | | | | | | | | **COMPLETE DESCRIPTION** | | | | **ACQUISITION** | | **BOOK**  **VALUE**  (in Php) | | **Vehicle Brand / Type** | **Plate No.** | **Year Model** | **OR No. / Date** | **Date** | **Cost**  (in 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**  (in Php) | | **Date** | **Cost**  (in Php) | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **OVERALL TOTAL VALUE** | | | Php | Php |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name of  Authorized Managing Officer  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SCHEDULE OF RECEIVABLES** |
| Note: To be accomplished if the applicant's receivable accounts (accounts/contracts & other receivable) exceed 50% of the total networth/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 |

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| **LIST OF NOMINATED SUSTAINING TECHNICAL EMPLOYEES** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name of STE** | **PRC Registration** | | | | **Date Employed** | **Position**  **in the Firm** | | **Prof.** | **License**  **Number** | **Date of** | | | **Registration** | **Validity** | | **Previously Nominated** | | | | | | | | 1. |  |  |  |  |  |  | | 2. |  |  |  |  |  |  | | 3. |  |  |  |  |  |  | | 4. |  |  |  |  |  |  | | 5. |  |  |  |  |  |  | | 6. |  |  |  |  |  |  | | 7. |  |  |  |  |  |  | | 8. |  |  |  |  |  |  | | 9. |  |  |  |  |  |  | | 10. |  |  |  |  |  |  | | 11. |  |  |  |  |  |  | | 12. |  |  |  |  |  |  | | 13. |  |  |  |  |  |  | | **Newly Nominated** | | | | | | | | 1. |  |  |  |  |  |  | | 2. |  |  |  |  |  |  | | 3. |  |  |  |  |  |  | | 4. |  |  |  |  |  |  | | 5. |  |  |  |  |  |  | | 6. |  |  |  |  |  |  | | 7. |  |  |  |  |  |  | | 8 |  |  |  |  |  |  | | 9. |  |  |  |  |  |  | | 10. |  |  |  |  |  |  |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name of  Authorized Managing Officer    Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Picture of**

**STE**

see Important Reminders

(page 19, item no. 4) for

specification

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| **SUSTAINING TECHNICAL EMPLOYEE AFFIDAVIT** |
| 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 | | | | **CFY** | | |  | | | | | |  | | | 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.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Affiant**  **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  PROF. I.D. CARD  VALID FOR  CURRENT YEAR  (Front)  (photocopy) | | | | | |  | PASTE  PROF. I.D. CARD  VALID FOR  CURRENT YEAR  (Back)  (photocopy) | | | | | | |

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| **QUALIFICATION REQUIREMENTS FOR STE** |
| 1. A technology professional, such as engineer or architect, duly licensed by the Professional Regulation Commission (PRC). 2. Holder of a valid PRC I.D. 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 abovestated professional eligibility/registration of the Sustaining Technical Employee. Affiant herein and found the same to be true and correct.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Managing Officer**  (Signature over printed name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** |

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| **AFFIDAVIT OF STE CONSTRUCTION WORK EXPERIENCE** |
| Note: 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.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Affiant**  **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 \_\_\_\_\_. |

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| **STE PERSONAL APPEARANCE** |
| **Note: To be accomplished by the STE. The STE Personal Appearance is valid only for three (3) months from the date signed by the PCAB/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** | | | | |  | | | |   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** | **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/DTI ROG Personnel** | | |  | STE’s Specimen Signature (during interview): | | Signature over Printed Name |  | | Date: | Date: | | PCAB/DTI Office: |  | |

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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 Representative and**  **Position in the Firm** | | | | | | **Picture**  See Important Reminders (page 19,  item no. 4) for specification | | | | **Signature of Representative over Printed Name** | | | | A. | | | | | |  | | | |  | | | | B. | | | | | |  | | | |  | | | | 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). | | | | | | | | | | | | |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Affiant**  (Authorized Managing Officer of Firm)  **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 \_\_\_ |

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| **IMPORTANT REMINDERS (A)** |
| 1. All required information in the application forms should be properly filled out. Do not leave an item blank. If an item is not applicable, indicate “N/A”. 2. The recommended paper size in printing the application forms is 8.27” x 11.69” (A4 size). 3. Application forms and its corresponding supporting documents/attachments should be:    * 1. arranged according to page number with index tabs;      2. fastened in a long size folder. 4. The **required** **picture specification** fortheSTE / Authorized Representatives Affidavit as follows:    1. taken within the last three (3) months prior to filing of application;    2. Philippine passport size (4.5 cm x 3.5 cm or 1.78” x 1.38”);    3. colored, with white background and printed on good quality photo paper;    4. in standard close-up shot, taken in full-face view directly facing the camera;    5. in bare face (with no eyeglasses or any accessories that may cover the facial features), showing left and right ears;    6. with handwritten (not computer-generated) name tag legibly showing signature over printed full name in the format: First Name, Middle Initial, Last Name and Extension Name, if any; 5. 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). 6. All applicants are required to pay non-refundable upfront fees for all types of license applications upon acceptance (Board Resolution No. 313, s. 2011). 7. Avoid the rush and delay in the **filing/processing of renewal application**. Observe and follow the revised filing schedule (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 with license number ending 0-3 filing on their time schedule and whose accounting period is on calendar year i.e., from January 1-December 31 may submit the previous year’s Audited Financial Statements (AFS). For contractors whose accounting periods are other than calendar year may submit the latest AFS submitted to the Bureau of Internal Revenue; * Release of the license certificate for these contractors is subject to the submission of the current AFS filed with the BIR and that no significant erosion of Net Worth or equity is suffered by the contractor as not to qualify it for its present category; * Should the contractor become unqualified for its present category due to financial erosion, the application shall be reviewed by the Board for issuance of the highest category sustainable by the contractor’s qualification; * Contractors filing their renewal applications beyond the schedule for their license number ending shall be assessed an Additional Processing Fee (APF) of PhP 5,000.00; and * If the renewal application is filed after the end of the CFY which is 30 June, an Additional License Fee (ALF) which existed before the APF will still be imposed or a total of Php 10,000 will be collected on top of the regular renewal fees for each category.  1. Filing/submission of application/s can be done at PCAB Makati / CIAP Windows / DTI Regional or Provincial Offices / PCAB Accredited Contractors’ Associations & Professional Organizations. 2. Application Forms (i.e. ARC, Amendments, Special License, etc.), Citizen’s Charter, Board Resolutions, Advisories and other relevant information about PCAB application can be downloaded at [www.ciap.dti.gov.ph](http://www.ciap.dti.gov.ph) 3. For further inquiries or clarifications, please communicate with us thru email or thru contact numbers below:   Department of Trade & Industry Philippines  Construction Industry Authority of the Philippines  **Philippine Contractors Accreditation Board**  5F Executive Building Center, 369 Sen. Gil J. Puyat Ave.,  Makati City 1209  Tel/TeleFax: 895-4258 / 895-4220 / 09178482427  E-mail Address: [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.** |

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| **IMPORTANT REMINDERS (B)** |
| Common causes of documentary deficiency resulting to non-acceptance/undue delay in the filing/ processing of application for Change of Business Name & Status:   1. **Legal Requirement:** 2. No signature of Authorized Managing Officer (AMO)/Proprietor on all documents and application forms; 3. Original copies of the following documents were not presented in lieu of the certified copies:    1. Audited Financial Statement (AFS)/Income Tax Return (ITR);    2. SSS R-3/CCL; 4. **Financial Requirement:** 5. No Notes to Financial Statement (Audited Financial Statements (AFS)); 6. No Signature of the Auditor on the Audited Financial Statement; 7. Expired Professional Regulation Commission (PRC) ID / Board of Accountancy (BOA) / Accreditation; 8. No Accounts Receivables; 9. **Technical Requirement:** 10. Sustaining Technical Employee (STE) Affidavit of Undertaking not duly accomplished; 11. No Personal Appearance of STE; 12. Expired PRC ID; 13. STE’s Affidavit of Work Experience not duly accomplished; 14. No SSS R-3/CCL for the quarter preceding the application.   Please make sure to check the completeness of your application to avoid non-acceptance. |
| **Note: Do not include this page in your application folder. For reference use only.** |

**FEE STRUCTURE**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Change of AMO / Change of Business Name / Change of Business Name & Status** | | | | | | | | |
|  |  | **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 |
| 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)** | **1,342** | **1,342** | **1,342** | **1,342** | **1,342** | **1,342** | **1,342** | **1,342** |

**Forms of Payment:**

Cash / Manager’s Check or Cashier’s Check payable to “CIAP” /

Online payment via Landbank

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