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| **Instruction**: Read Important Reminders (page 19). The following pertinent documents and information shall be submitted in support to New Special License of a Foreign Contractor Application. | | | | | | | |
| **Checklist of Requirements** | | | | | **Remarks** | | |
| **A. LEGAL** | | | | | | | |
| A.1. | Duly accomplished and notarized application for Special License by a Foreign Contractor (page 3); | | | |  |  |  |
| A.2. | PCAB Integrity Pledge (page 4); | | | |  |  |  |
| A.3. | General Information Sheet (page 5); | | | |  |  |  |
| A.4. | SEC Certificate of Registration, Articles of Incorporation or Partnership, showing construction as one of the primary purposes of the corporation and By-Laws and subsequent amendments thereto by the Securities and Exchange Commission (SEC) for corporate or partnership applicant; | | | |  |  |  |
| A.5. | Board Resolution authorizing its Authorized Managing Officer (AMO)/Resident Alien Representative (RAR) in the Philippines to act for and in behalf of the company, and defining the scope and/or limitations of the powers of the RAR/AMO; | | | |  |  |  |
| A.5.1 | | Copy of Appointment paper/contract of employment of RAR to current position in the firm authenticated by the Philippine Embassy in the home country of the RAR; | | |  |  |  |
| A.6. | Original NBI Clearance for newly nominated Filipino AMO and for RAR who resided in the country for six (6) months and longer, or certified true copy of NBI Clearance Equivalent of RAR duly authenticated by the Phil. Embassy in the home country of the RAR; | | | |  |  |  |
| A.7. | Affidavit of undertaking of the RAR/AMO (page 6); | | | |  |  |  |
| A.8. | Alien Certificate of Registration and current working visa of the RAR; | | | |  |  |  |
| A.9. | Authenticated diploma and/or transcript of records as well as PRC ID/certificate of registration or equivalent (for new RAR professional); | | | |  |  |  |
| A.10. | Board Resolution appointing and authorizing the Filipino Resident Agent to accept summons and other legal processes in behalf of the foreign contractor applicant, and authorizing PCAB, in the absence of the Filipino Resident Agent, or where such agent cannot be found at his address of record, or upon cessation of business of the foreign contractor in the Philippines, to accept summons or legal processes as if the same were made upon the firm at its home office; | | | |  |  |  |
| A.11. | Original or certified true copy of valid Contractor’s License/Permit/Authority issued by the appropriate government agency duly authenticated by the Philippine Embassy in the home country of the foreign contractor applicant; | | | |  |  |  |
| A.12. | Certification from the appropriate Tendering Agency that the project is foreign financed/internationally funded and that international bidding is required, or the participation of foreign contractors is allowed under the terms of the Bilateral Agreement entered into by and between the Philippine Government and the Foreign/International Financing Institution; or Certification that the project is to be implemented in accordance with the Expanded BOT Law or RA No. 7718, or other laws of similar nature, and that other requirements, under existing laws, have been waived in the loan agreement, if any (page 7); | | | |  |  |  |
| A.13. | Original or certified true copy of “Invitation to Bid” or “Invitation to Bidders” or “Notice to Bidders” or original ad/clipping of the project applied for showing the date of bidding; | | | |  |  |  |
| A.14. | Back-to-back guarantee from the parent company if the applicant is a subsidiary of a foreign contractor; | | | |  |  |  |
| **B. FINANCIAL** | | | | | | | |
| B.1. | Financial as of the end of the taxable year immediately preceding the filing of application duly filed with the BIR Statements **(duly audited and signed on every page by a PRC-BOA accredited external auditor)** 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.1.1. | | **If increase is due to additional capital infusion** | | |  |  |  |
| B.1.1.1. | | | **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.1.1.1.1. | | | | Authorization to Depository Bank (page 8); |  |  |  |
| B.1.1.2. | | | **Land and Building** - List of Land and Building/s owned by the company and registered in its name (page 10); | |  |  |  |
| B.1.1.2.1. | | | | Certified true copy of TCT including back page for newly acquired land and/or condominium which were not previously reported/submitted to PCAB |  |  |  |
| B.1.1.3. | | | **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.1.1.3.1. | | | | Certified true 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.1.1.3.2. | | | | Certified true copy of Deed of Sale or sales invoices/official receipts for newly acquired non-registrable construction equipment / machineries / plants, or newly acquired construction equipment |  |  |  |

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| B.1.1.4. | | Additional documents to be submitted only if the values of each of the applicant's Inventories and Receivables Accounts exceed more than 20% of the contractor’s Networth, otherwise, the amount in excess of said account shall be deducted from networth. | | | | |  | | | | | |
| B.1.1.4.1. | | | Schedule of Receivables (page ); | | | |  | | | | | |
| B.1.1.4.2. | | | Schedule of Inventories (page ); | | | |  | | | | | |
| **C. TECHNICAL** | | | | | | | | | | | | |
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| **D. GENERAL INFORMATION** - fill out GI Sheet (page 4) | | | | | | | | | | | | |
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| **E. OTHERS** | | | | | | | | | | | | |
| E.1. Accomplished Affidavit for Firm’s Authorized Representatives (Page 20); | | | | | | |  | |  | |  | |
| E.1.1. Copy of company ID of the representatives; | | | | | | |  | |  | |  | |
| E.1.2. Latest CCL - formerly SSS Form R-3 (for below 60 years old) or Certificate of Income Tax Witheld - 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. Prepaid Courier Pouch for mailing of license certificate **(optional)**; | | | | | | |  | |  | |  | |
| E.6. AMO Examination; and | | | | | | |  | |  | |  | |
| E.7. The Board may require the AMO interview and submission of pertinent documents/information other than the above in order to fully determine the qualifications of the applicants ; | | | | | | |  | |  | |  | |
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| **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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| **Checklist of Requirements** | | | | | | | | | **Remarks** | | | | | | | |
| **B. FINANCIAL** | | | | | | | | | | | | | | | | |
| B.1.1.4. | | | | **Other Assets -** (i.e. investment in Banks and / or Shares of stocks and other accounts); | | | | |  | | | | | | | |
| B.1.1.4.1. | | | | | Certified true copies of certificates of Stock, time deposits, & other pertinent proofs of ownership of other assets; | | | |  | | | | | | | |
| B.1.2. | | | **If increase is due to appraisal of properties** -Independent Appraisers Report duly licensed by the Professional Regulation Commission; | | | | | |  | | | | | | | |
| B.1.3. | | | **Schedule of Receivables** - If the value of the applicant's receivables exceed more than 50% of the contractor’s Networth duly signed by AMO and certified by the firm’s PRC BOA accredited CPA, otherwise, the amount in excess of said account shall be deducted from Networth (page 12); | | | | | |  | | | | | | | |
| **C. TECHNICAL** | | | | | | | | | | | | | | | | |
| C.1. | List of Sustaining Technical Employee/s - STEs (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; | | | | | |  | |  | | |  | | |
| 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 (page 17) | | | | | |  | |  | | |  | | |
| C.1.7. | | | Special PRC Permit, Alien Certificate of Registration and current working visa for foreign STE, if any | | | | | |  | | |  | | |  | |
| C.2. | | Certificate of DOLE-accredited Safety Practitioner for Category “AAA” applicants (for additional credit points); | | | | | | |  | | | | | | | |
| **D. TRACK RECORD** | | | | | | | | | | | | | | | | |
| D.1. | | Copy of single largest relevant construction contract or subcontract agreement completed and/or Change Order/ Supplemental Agreement, if any, certified true by the Project Owner or Prime Contractor for sub-contract work. If project was undertaken outside of the Philippines, the aforesaid documents must be duly authenticated by the Philippine Embassy or Consulate Office in the country where project is located; | | | | | | |  | | | |  | | |  |
| D.2. | | Copy of Certificate of Completion/Acceptance certified true by the Project Owner or Prime Contractor for sub-contract work. If project was undertaken outside the Philippines, the aforesaid documents must be duly authenticated by the Philippine Embassy or Consulate office in the country where project is located; | | | | | | |  | | | |  | | |  |
| D.3. | | **For privately owned projects only** - Certified True Copy of Certificate of Creditable Income Tax Withheld (Form 1743.1/ 1743.750/2307) stamped received by the BIR for each contract/subcontract. | | | | | | |  | | | |  | | |  |
| **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 RAR/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. | | AMO Examination; | | | | | | |  | | | |  | | |  |
| E.5. | | The Board may require the RAR/AMO interview and submission of pertinent documents/information other than the above in order to fully determine the qualifications of the applicants; | | | | | | |  | | | |  | | |  |
| E.6. | | Self-stamped envelopes for verification of supporting documents (one self-stamped envelope per supporting document); | | | | | | |  | | | |  | | |  |
| E.7. | | 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 \_\_\_\_\_ | | | | | | |
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| **APPLICATION FOR SPECIAL LICENSE BY A FOREIGN CONTRACTOR** | | | | | | | |
| In behalf of |  | | | | |  | |
|  | (Name of Applicant) | | | | |  | |
| I respectfully request that said Company be issued a Special License to prequalify for, bid on and undertake the construction of the specific project described below:   |  |  |  |  | | --- | --- | --- | --- | | **Project Title** | | | | |  | | | | | **Project Location** | | | | |  | | | | | **Implementing Agency** | | | | |  | | | | | **State if project is covered by:** | | | | | [ ] | Bilateral Agreement calling for international competitive bidding | [ ] | Expanded BOT Law or other existing laws of similar nature | | **Funded by** | | | | |  | | | | | **Loan Agreement** | | | | |  | | | | | **Date “Notice to Bidders” was published or Date “Invitation to Bidders” was received by the applicant** | | | | |  | | | | | **Date of Bidding** | | | | |  | | | | | **Special License Category and Classification/s applied for** | | | | | Category | | Classification/s | | |  | |  | | | **Project Kind and Size Range applied for** | | | | | Project Kind | | Size Range | | |  | |  | |   The documents and information in support of this license application as per checklist are hereby submitted. I hereby declare that all the information and documents contained in this application are true and correct of my own personal knowledge. I am fully aware that I shall be personally held liable for any misrepresentation that may be found herein. | | | | | | | |
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|  | | | **Resident Alien Representative (RAR) / 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 Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_\_. | | | | | | | |
| Doc. No.  Page No.  Book No.  Series of 20 \_\_. | | | | | | | |
|  | | **NOTARY PUBLIC**  Until December 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. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Resident Alien Representative (RAR) /**  **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 \_\_. |

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| **CONTRACTOR’S GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: Please use additional sheets if necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Firm:** (as per SEC or DTI) | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Office Address in the Philippines** | | | | | | | | | | | | | | | | | | | **Telephone/Fax No.** (include area code) | | | | | | | |
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| **Office Address in the Home Country** | | | | | | | | | | | | | | | | | | |
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| **Website** | | | | | **E-mail Address** (required) | | | | | | | | | | | | | | **Mobile No.** | | | | | | | |
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| **Type of Firm** (please check only one) | | | | | | | | | | | **Equity** | | | | | | | | | | | | | | | |
| [ ] Sole Proprietorship [ ] 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 / Business Name Registration 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.** | | |
|  | | | |  | | | | | | | | | |  | | | | | | | | | |  | | |
| **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 | | | | | |
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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 | |
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| **Affiliation With Other Licensed Contractors** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Affiliated Firm/s | | | | | | | | | | | | Nature of Affiliation | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | **Resident Alien Representative (RAR) / Authorized Managing Officer (AMO)**  (Signature over printed name) | | | | | | | | | |

**Picture of**

**RAR/AMO**

see Important Reminders

(page 19, item no. 4) for

specification

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| **RAR/AMO AFFIDAVIT** |
| 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 | | | **dd** | **mm** | | **yyyy** | Single / Married to | | | | **Last Name** | | | **First Name** | | | | **Middle Name** | | |  | |  |  | |  |  | | |  | | | |  | | | and residing in the Philippines 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 Resident Alien Representative (RAR) / Authorized Managing Officer (AMO) of :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Name of Firm)**  with position of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Position in the Firm)**  empowered to render general management and administrative decisions. | | | | | | | | | | | | | | | | | | | | | | | 2. That I possess the following educational qualifications (attach additional sheet if necessary) | | | | | | | | | | | | | | | | | | | | | | | **Name of School** | | | | **Address** | | | | | | | **Course** | | | | | | **Inclusive Dates** | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | | 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) (attach additional sheet if necessary) | | | | | | | | | | | | | | | | | | | | | | | **Designation / Position** | | | **Company / Nature of Business** | | | | | | | **Address** | | | | | **Job Description** | | | | | | **Dates of Employment** | |  | | |  | | | | | | |  | | | | |  | | | | | |  | |  | | |  | | | | | | |  | | | | |  | | | | | |  | | 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) (attach additional sheet if necessary): | | | | | | | | | | | | | | | | | | | | | | | **Training/Seminar** | | | **Conducted by** | | | | | | | | | **Address** | | | | | | **Inclusive Dates of Training** | | | | |  | | |  | | | | | | | | |  | | | | | |  | | | | |  | | |  | | | | | | | | |  | | | | | |  | | | | | 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.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **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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| **CERTIFICATION** **from the appropriate Tendering Agency** |
| This is to certify that the project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  funded under Loan Agreement No. \_\_\_\_\_\_\_\_\_, is subject to international competitive bidding or is covered by the BOT Law.  This is to further certify that the following requirements under existing laws have been waived in the loan agreement:   |  |  | | --- | --- | | **Specific Requirement Waived** | **Provision in the Loan Agreement waiving the requirement** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Certifying Officer / Position**  (Signature over Printed Name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of Agency**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** |

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| **AUTHORITY TO VERIFY BANK ACCOUNT** |
| Note: To be submitted in two (2) copies. |
| 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  Resident Alien Representative /  Authorized Managing Officer or  Authorized Signatory with the Bank  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  Representative Alien Representative /  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  Resident Alien Representative/  Authorized Managing Officer    Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **LIST OF CONSTRUCTOR’S PLANTS, VEHICLES AND EQUIPMENT** |
| Note: Please use additional sheets if necessary. |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **A. 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  Resident Alien Representative /  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  Resident Alien Representative /  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.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Resident Alien Representative /**  **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 Resident Alien Representative / 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** |
| 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. fasten in a long size folder. 4. The **required** **picture specification** fortheRAR/AMO / STE / 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. All applicants are required to pay non-refundable upfront fees 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. Filing/submission of application/s can be done at PCAB Makati / CIAP Windows / DTI Regional or Provincial Offices / PCAB Accredited Contractors’ Associations & Professional Organizations. 8. 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). 9. Fee Structure:  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **New Special License – Foreign Application** | | | | | | | | |  | **Category** | | | | | | | | **Fee Particulars** | **AAA** | **AA** | **A** | **B** | **C** | **D** | **E/Trade** | | Filing Fee | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | | Classification Fee |  |  |  |  |  |  |  | | Principal | 4,800 | 2,400 | 480 | 240 | 144 | 48 | nil | | Other/s (chargeable for each classification) | 2,400 | 1,200 | 240 | 120 | 72 | 24 | nil | | Categorization Fee | 43,200 | 21,600 | 7,200 | 4,800 | 2,400 | 1,200 | nil | | License Fee | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | Documentary Stamp Tax | 15 | 15 | 15 | 15 | 15 | 15 | 15 | | Legal Research Fund | 12 | 12 | 12 | 12 | 12 | 12 | 12 | | **Grand Total (P)** | **51,727** | **26,527** | **9,247** | **6,487** | **3,943** | **2,599** | **1,327** |  1. 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) |
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