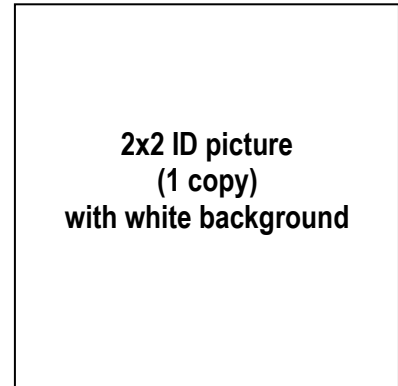




RENEWAL OF APPLICATION FOR ACCREDITATION AS CONSTRUCTORS' PERFORMANCE EVALUATOR (CPE)

PDCB-F-SVD-003a || Rev. 01 || 26/09/2022

Date filed: _____



A. BACKGROUND INFORMATION		
Name:		
Position/Designation:		
Agency/Bureau/Unit assigned:	Age:	Sex:
Office Address:		
E-mail Address/es:		Contact Number/s:
Profession/s:	PRC No/s.	
	Date issued:	
	Validity:	
Work Specialization/Field of Expertise:		
No. of years in construction industry (government & private):		
Related professional/organizational affiliation/s:		

B. EDUCATIONAL BACKGROUND		
Master's/Graduate Studies	Year Graduated	School/University
Special Courses/ Foreign Seminars/ Training	Year Graduated	Where



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E. PROJECTS EVALUATED FOR THE LAST 3 YEARS USING CPES *(3 recent projects evaluated)*

Project Name	Amount	No. of Visit

This is to certify that I have not been charged or convicted of a crime involving moral turpitude, and hereby declare under oath that the above information is true and correct to the best of my knowledge.

Please rate the performance of the applicant as CPE of your agency for the last three (3) years

- _____ Very Satisfactory
_____ Satisfactory
_____ Fair
_____ Poor

Screened by:

Signature of CPE-applicant

Head, CPES-IU

CERTIFICATE OF ENDORSEMENT
for Renewal of CPE Accreditation

PDCB-F-SVD-003b || Rev. 0 || 19/11/2018

This is to certify that the following employees of the

as per existing records of this office, are of good moral character and have not been convicted of a crime involving moral turpitude, physically fit and technically capable to act as Constructors' Performance Evaluators (CPEs). Further, hereunder employees have at least evaluated one (1) infrastructure project and have satisfactory performances as CPEs.

NAME OF PERSONNEL

**POSITION/DESIGNATION/
UNIT & REGION ASSIGNED**

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Recommending Approval:

CPES Implementing Unit (IU) Head

Head of the Agency or his
duly Authorized Representative

Date: _____