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| **Checklist of Requirements** | | | | | | | | **Remarks** | | |
| **A. LEGAL** | | | | | | | | | | |
| A.1. | **(a)** Affidavit of Attestation, **(b)** Integrity Pledge, **(c)** Change of Authorized Managing Officer Pre-application Form **(d)** Contractor’s General Information (pages 5, 6, 7 and 8); | | | | | | |  |  |  |
| A.2. | **For Corporation/PARTNERSHIP:** | | | | | | |  |  |  |
| A.2.1. | | Certified copy of the firm’s latest SEC General Information Sheet (GIS); | | | | | |  |  |  |
| A.2.2. | | **If with foreign shareholders:** | | | | | |  |  |  |
| A.2.2.1. | | | Corporate Secretary’s Certification: **(1)** List of stockholders showing their nationalities and shareholdings and **(2)** List of Board of Directors showing their names and nationality; | | | | |  |  |  |
| A.2.2.2. | | | Copy of latest General Information Sheet duly filed with SEC showing the names of stockholders and directors, nationality and shareholdings. The percentage control of the number of seats occupied by foreigners in the Board of Directors **shall not exceed 40%**; | | | | |  |  |  |
| **B. TECHNICAL** | | | | | | | | | | |
| B.1. | Authorized Managing Officer (AMO) Affidavit (page 10); | | | | | | |  |  |  |
| B.1.1. | | Original NBI Clearance; | | | | | |  |  |  |
| B.1.2. | | Certificate of Attendance of 2-day AMO Seminar **(AMO should pass the examination)**; | | | | | |  |  |  |
| B.1.3. | | Certificate of Completion of 40-hour Construction Safety and Health Seminar (COSH); | | | | | |  |  |  |
| B.1.4. | | **For SOLE PROPRIETORSHIP: Change of AMO between Spouses** (in addition to B.1): | | | | | |  |  |  |
| B.1.4.1. | | | Letter nominating his/her spouse as AMO in his/her stead; | | | | |  |  |  |
| B.1.4.2. | | | Joint Affidavit that the property relations existing in the marriage is either **Absolute Community of Property or Conjugal Partnership of Gains;** | | | | |  |  |  |
| B.1.5. | | **For Corporation/Partnership** (in addition to B.1): | | | | | |  |  |  |
| B.1.5.1. | | | Corporate Secretary's Certification (page 11); | | | | |  |  |  |
| B.1.5.2. | | | **If AMO is NOT the President**: | | | | |  |  |  |
| B.1.5.2.1. | | | | | Board Resolution on AMO’s duties and responsibilities: **(1)** authority to sign checks and other financial documents, **(2)** authority tohire and fire employees, **(3)** authority toapprove, negotiate and sign contracts, **(4)** authority and capability to commit and answer for the corporation and **(5)** oversee all contracts of the company; | | |  |  |  |
| B.1.5.2.2. | | | | | Organizational Chart reflecting the names of the staffs, the officers and the AMO with overall control of the operation of the company; | | |  |  |  |
| B.1.5.3. | | | **For FOREIGN AMO:** | | | | |  |  |  |
| B.1.5.3.1. | | | | | Original NBI Clearance if resided in the Philippines for six (6) months or longer / Equivalent clearance from AMO's home country duly authenticated by the Philippine Embassy; | | |  |  |  |
| B.1.5.3.2. | | | | | Working Visa; | | |  |  |  |
| B.1.5.3.3. | | | | | Alien Certificate of Registration; | | |  |  |  |
| **C. OTHERS** | | | | | | | | | | |
| C.1. | Authorized Representatives Affidavit (page 13); | | | | | | |  |  |  |
| C.2. | Original signature **(preferably with blue ink)** of AMO on each and every page of the application forms including supporting documents; | | | | | | |  |  |  |
| C.3. | The Board may require the AMO interview to fully determine the qualifications of the applicant; | | | | | | |  |  |  |
| **Note: Please see page 2 for Important Reminders** | | | | | | | | | | |
| **Date & Time of Visit / Name and Signature of the PCAB/CIAP Window/DTI-ROG Staff** | | | | | | | | | | |
| 1st Prescreening | | | | 2nd Prescreening | | 3rd Prescreening | 4th Prescreening | | | |
| [ ] Accepted [ ] Comply lacking items | | | | [ ] Accepted [ ] Comply lacking items | | [ ] Accepted [ ] Comply lacking items | [ ] Accepted [ ] Comply lacking items | | | |
|  | | | | | | **New AMO must sign here:** | | | | |

|  |
| --- |
| **IMPORTANT REMINDERS!** |
| To avoid non-acceptance and undue delay in the filing and processing of your application, please take time to read these important reminders:   1. Use the latest application forms which are downloadableat **ciap.dti.gov.ph**. 2. All required information in the application forms should be properly filled out – handwritten, typewritten or encoded using a computer. Do not leave an item blank. If an item is not applicable, indicate “N/A”. 3. Attach only the documents that are indicated in the checklist of requirements. In lieu of certified copies of supporting documents, photocopies may be accepted provided original copies are presented for authentication. 4. Application forms and its corresponding supporting documents should be:    * 1. **arranged according to the checklist of requirements - separators are included in the set of application forms (please see page 3 for Application Folder Anatomy for more details);**      2. **fastened in a regular or expanding long/legal size folder (sliding, hardbound and hardcover filing folders are not allowed);**      3. **with original signature *(preferably with blue ink)* by the AMO on each and every page.** 5. All applicants are required to pay non-refundable upfront fees (please see last page for detailed fee structure) for all types of license applications upon acceptance (Board Resolution No. 313, s. 2011). 6. Only the Authorized Managing Officer or one of the two (2) Authorized Representatives of the Firm is allowed to transact with PCAB (Board Resolution No. 515, s. 2011). 7. Submission of applications can be done at PCAB Makati / CIAP Windows / DTI Regional or Provincial Offices. Transact only with Authorized PCAB Personnel. **Do NOT deal with “Fixers”.** 8. Avoid RUSH, DELAY and PENALTY in the **filing of renewal application**. Contractors may file their application **as early as January** or on/before the scheduled filing date (Board Resolution No. 376, s. 2014) as stated below:  |  |  | | --- | --- | | **Last Digit of License No.** | **Filing Month** | | 0 | February 1-14 | | 1 | February 15-28 | | 2 | March 1-15 | | 3 | March 16-31 | | 4 | April 1-15 | | 5 | April 16-30 | | 6 | May 1-15 | | 7 | May 16-31 | | 8 and new license approved from January to March | June 1-15 | | 9 and approved from April to June | June 16-30 |  * Contractors filing their renewal application on or before April 15 may use the previously submitted Audited Financial Statements (AFS); * Submission of the required Annual Income Tax Return (ITR) and Audited Financial Statement (AFS) duly filed with the BIR for preceding taxable year can be done on or before the release of the renewed license certificate;   Should the contractor failed to meet the qualification requirement based on the current AFS for its present category, the license category shall be downgraded to the next lower sustainable category;   * Contractors filing their renewal applications beyond the assigned filing schedule shall be assessed an Additional Processing Fee (APF) of Php 5,000.00; * If the renewal application is filed after June 30, an Additional License Fee (ALF) of Php 5,000.00 will also be imposed for a total of Php 10,000 on top of the regular renewal fees for each category;  1. If there is any Amendment in the Articles of Incorporation / Partnership, submit a copy of the said Amendment approved by the Securities & Exchange Commission. 2. In case of Corporate Applicant with Foreign Content, election of Foreign Nationalities in the Board of Directors is allowed in proportion to their share in capital. 3. Certificate of ISO Accreditation (for additional credit points purposes only). 4. **The Board may require the AMO interview to fully determine the qualifications of the applicant;** 5. Financial Threshold for categorization purposes:  |  |  | | --- | --- | | **Asset Accounts** | **Allowable Limit** | | Cash on Hand | Php 500,000 or 1% of Net Worth per AFS whichever is higher | | Pre-operating/Organizational Expenses | 20% of Net Worth per AFS | | Advances to Directors/Officers/Stockholders & Related Interest (DOSRI) | 20% of Net Worth per AFS |  1. Renewing contractors with downgraded category and/or deleted classification/s may apply for upgrading of license category/additional or revision of classification/s anytime using the prescribed application forms. However, newly licensed contractors may apply the same after six (6) months upon approval of license application. 2. Application for registration in government projects should be accomplished in **PCAB-F-SVD-006** / **PCAB-PAD-ARC-F01** application form which may be filed simultaneously in a separate folder with the PCAB License Application. 3. Mode of Release of License Certificate: (1) Mail using the prepaid pouch (2) Claim at PCAB Makati / CIAP Windows / DTI Regional or Provincial Offices. 4. For more inquiries, please contact us at **895.4258 / 895.4220 / 09178482427** / [ciappcab.main@gmail.com](mailto:ciappcab.main@gmail.com), [pcab@dti.gov.ph](mailto:pcab@dti.gov.ph) |
| **Note: Do not include this page in your application folder. For reference use only.** |

**PCAB APPLICATION FOLDER ANATOMY**

**CLOSED FOLDER**

Company Name

Type of Application

(e.g. Change of AMO)

**Reserved for**

**PCAB Sticker**

This portion is reserved for application official reference number

Regular or expanding long/legal size folder

Left portion of the folder

Right portion of the folder

**OPENED FOLDER**

Fastener

**Checklist of Requirements**

Checklist of Require-ments

A. Legal Forms & Supporting Documents

B. Technical Forms &Supporting Documents

C. Other Forms &Supporting Documents

Separator &

Index Tab

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Index Tab

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

Separator 1/3

A. LEGAL

**Table of Contents:**

**A.1.** (a) Affidavit of Attestation, (b) Integrity Pledge, (c) Change of Authorized Managing Officer Pre-application Form (d) Contractor’s General Information (pages 5, 6, 7 and 8);

**A.2.** For CORPORATION/PARTNERSHIP:

**A.2.1.** Certified copy of the firm’s latest SEC General Information Sheet (GIS);

**A.2.2.** If with FOREIGN shareholders:

**A.2.2.1.** Corporate Secretary’s Certification: (1) List of stockholders showing their nationalities and shareholdings and (2) List of Board of Directors showing their names and nationality;

**A.2.2.2.** Copy of latest General Information Sheet duly filed with SEC showing the names of stockholders and directors, nationality and shareholdings. The percentage control of the number of seats occupied by foreigners in the Board of Directors shall not exceed 40%;

Attach Red

INDEX TAB here, labeled “A. Legal”

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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 change of Authorized Managing Officer (AMO) as follows:   |  |  |  | | --- | --- | --- | |  | **Previous AMO** | **New AMO** | | **Name:**  (First Name, Middle Name, Last Name, Extension Name): |  |  | | **Nationality:** |  |  |   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 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. | | | | | | |
|  | | | |  |  | |
|  | | | **New Authorized Managing Officer (AMO)** (Signature over Printed Name) | |  | |
| Republic of the Philippines )  Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  City/Municipality of \_\_\_\_\_\_\_\_\_\_\_) S.S | | | | | | |
| **SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; affiant exhibited to me his/her Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_. | | | | | | |
| **NOTARY PUBLIC**  Until December 31, 20 \_\_\_\_  Doc. No.  Page No.  Book No.  Series of 20 \_\_. | | | | | | |
|  | | **New AMO must sign here:** | | | | |

|  |  |
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| **PCAB INTEGRITY PLEDGE** | |
| We believe that the construction industry is one of the most susceptible to all forms of corruption that hampers the noble objectives towards national progress and global competitiveness.  As frontrunners of nation-building, we acknowledge our major role and responsibility in ensuring that we carry out our tasks guided by ethical standards and equipped with the necessary capability for the successful prosecution of our contracts.  In view thereof, we pledge the following:   * We will present only true qualifications to PCAB so that we may be evaluated properly and be given the category and classification where we should rightfully belong; * We will uphold the dignity of the license and not be instruments for unlicensed contractors to undertake construction projects through license lending nor through false joint ventures/consortium or pseudo combinations which is inimical to the public safety/interest; * We will not employ unlicensed sub-contractors/specialty contractors which is a clear circumvention of the requirement that all contractors must be licensed; * We will absolutely shun away from any form of collusion that destroys the very essence and integrity of biddings; * We will not engage in bribery or do any act which constitutes graft or corrupt practice which is the root cause of bloated contract amounts; * We will not use sub-standard materials which will in any way compromise the safety, reliability and performance of the built environment; * We will not abandon our contracts and we will implement our projects faithfully in accordance with the prescribed specifications thereof; * We will provide the necessary resources, financial and technical capability in carrying out our contractual obligations, and as far as possible, within the stipulated time of completion; * We are aware that we will be imposed disciplinary action should we violate any of the commitments hereof or the PCAB Code of Ethics or be found to be a party to corruption. | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **New 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 \_\_. | |
|  | **New AMO must sign here:** |

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| **CHANGE OF AUTHORIZED MANAGING OFFICER (CAMO) PRE-APPLICATION FORM** | | | | | | | | | | |
| **Part 1: General Information** | | | | | | | | | | |
| NAME OF FIRM | | | | | | | | | | |
| NAME OF PRESENT AMO | | LICENSE NO. | | | | ISSUE DATE (mm/dd/yyyy)    \_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_\_\_ | | | LAST RENEWAL  CFY:20 \_\_ - 20 \_\_ | |
| COMPANY ADDRESS | | | | EQUITY  Filipino: \_\_\_\_% | Foreign: \_\_\_\_% Nationality: \_\_\_\_\_\_\_\_\_\_ | | | | | | |
| CATEGORY | CLASSIFICATION(S) | | | | | | | | | |
| **Part 2: Qualification of New AMO** | | | | | | | | | | |
| NAME OF NEW AMO | | | | | NAME OF SPOUSE | | | | | |
| EDUCATIONAL ATTAINMENT SCHOOL | | | | | | | TECH. PRO. \_\_\_\_\_\_YES  PRC. LIC. NO.\_\_\_\_\_\_ | | | |
| **Company Name / Nature of Business** | | | **Position / Designation** | | | | | **Inclusive Dates** | | |
| **From** | | **To** |
|  | | |  | | | | |  | |  |
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| **Seminar** | **HOST/Provider** | **Venue** | | | | | | **From** | | **To** |
| 2-day AMO: |  |  | | | | | |  | |  |
| COSH: |  |  | | | | | |  | |  |
| We certify that all information on this form are true and correct.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Present Authorized Managing Officer New Authorized Managing Officer**  (Signature over Printed Name) (Signature over Printed Name) | | | | | | | | | | |
| **- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -** | | | | | | | | | | |
| **FOR PCAB USE ONLY** | | | | | | | | | | |
| Ref. No. CAMO : \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ | | | | Date Filed : \_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_ | | | | | | |
| AMO written examination  Given on : \_\_\_ / \_\_\_ / \_\_\_ | | | | \_\_\_\_Passed \_\_\_\_\_\_ Score  \_\_\_\_ Failed \_\_\_ /\_\_\_\_ / \_\_\_ Retake | | | | | | |
| **Recommendation** | | | | | | | | | | |
| **In view of the forgoing, the Evaluation Committee recommends that this application for CAMO be:**  [ ] **Approved**  [ ] **Approved subject to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  [ ] **Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  [ ] **Deferred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ] **Interviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| CIRILO B. MENDOZA SERGIE T. RETOME  Technical Evaluator Acting Chief, TFED  Atty. HERBERT DG. MATIENZO  Executive Director | | | | | | | | | | |

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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** | | | | | | | | | | | | | | | | | | | | | **Telephone/Fax No.** (include area code) | | | | | | | | | | |
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| **If Provincial based, contact address in Manila, if any** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Website** (if any) | | | | | **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** (for additional credit points, 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.** | | | | **Firm’s Tax Identification No.** | | | | | | | | | | | **Firm’s PhilHealth No.** | | | | | | | | | | | | | **Firm’s PAG-IBIG No.** | | | |
|  | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| **Original Contractor’s License No.** | | | | | | | **Date Issued** (mm/dd/yyyy) | | | | | | | | | | | | | | | | | **Last Renewal of License** | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | CFY 20\_\_\_\_ - 20\_\_\_\_ | | | | | | | |
| **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 of New AMO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant | | Host/Organizer | | | | | | | | | Inclusive Dates | | | | | | | | | | | | | | Venue | | | | | | |
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| **40-hour Construction Safety & Health Seminar of New AMO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant | | Company Position | | | | | | Course Provider | | | | | | Inclusive Dates | | | | | | | | | | | | | Venue | | | | |
|  | |  | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | |
| **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 / partnership) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | Position | | | Nationality | | | | Address | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | Certified correct by: | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | **New Authorized Managing Officer (AMO)**  (Signature over printed name) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | **New AMO must sign here:** | | | | | | | | | | | | | | | | | | |

Separator 2/3

B. TECHNICAL

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**B.1.** Authorized Managing Officer (AMO) Affidavit (page 10);

**B.1.1**. Original NBI Clearance;

**B.1.2.** Certificate of Attendance of 2-day AMO Seminar (AMO should pass the examination);

**B.1.3.** Certificate of Completion of 40-hour Construction Safety and Health Seminar (COSH);

**B.1.4.** For SOLE PROPRIETORSHIP – Change of AMO between Spouses (in addition to B.1):

**B.1.4.1.** Letter nominating his/her spouse as AMO in his/her stead;

**B.1.4.2**. Joint Affidavit that the property relations existing in the marriage is either Absolute Community of Property or Conjugal Partnership of Gains;

**B.1.5.** For CORPORATION/PARTNERSHIP (in addition to B.1):

**B.1.5.1**. Corporate Secretary's Certification (page 11);

**B.1.5.2**. If AMO is NOT the President:

**B.1.5.2.1.** Board Resolution on AMO’s duties and responsibilities: (1) authority to sign checks and other financial documents, (2) authority to hire and fire employees, (3) authority to approve, negotiate and sign contracts, (4) authority and capability to commit and answer for the corporation and (5) oversee all contracts of the company;

**B.1.5.2.2.** Organizational Chart reflecting the names of the staffs, the officers and the AMO with overall control of the operation of the company;

**B.1.5.3.** For FOREIGN AMO:

**B.1.5.3.1.** Original NBI Clearance if resided in the Philippines for six (6) months or longer / Equivalent clearance from AMO's home country duly authenticated by the Philippine Embassy;

**B.1.5.3.2.** Working Visa;

**B.1.5.3.3.** Alien Certificate of Registration;

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

|  |  |
| --- | --- |
| **CORPORATE SECRETARY’S CERTIFICATION** | |
| Note: For Corporation/Partnership 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 | | | | **mm** | **dd** | **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 \_\_\_ | | | | | | | | | | | | |
|  | **New AMO must sign here:** |

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C. OTHERS

**Table of Contents:**

**C.1**. Authorized Representatives Affidavit (page 13);

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

**FEE STRUCTURE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 / Postal Money Order or Manager’s Check or Cashier’s Check payable to “CIAP” /  Online payment via Landbank (visit ciap.dti.gov.ph for more information) | | | | | | | | |

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