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| **Instruction**: Read Important Reminders (page 5). The following pertinent documents and information shall be submitted in support to PCAB Change of Business Name Application. | | | | | | | | | | | |
| **Checklist of Requirements** | | | | | | | **Remarks** | | | | |
| **A. LEGAL** | | | | | | | | | | | |
| A.1. | | **For Sole Proprietorship -** Certified true copy of Business Name Registration Certificate, showing new name **(scope of business: national; nature of the business: construction)**; | | | | |  | |  | |  |
| A.2. | | **For Corporations** -Certified true copy of SEC Certificate of Registration and Amended Articles of Incorporation and By-Laws, showing the new name of the partnership or corporation; | | | | |  | |  | |  |
| A.3. | | **For change in address only** - Business Permit, or any other official document showing the new office address of the applicant; | | | | |  | |  | |  |
| A.4. | | Original copy of Affidavit from the Proprietor/Authorized Managing Officer (AMO) containing the reason for the change of business name and that the construction firm has no pending case; | | | | |  | |  | |  |
| A.5. | | Original copy (news clipping) of announcement/publication in a newspaper of general circulation **(broadsheet only)** re: Change of Business Name; | | | | |  | |  | |  |
| A.6. | | Affidavit of Attestation (page 2); | | | | |  | |  | |  |
| A.7. | | PCAB Integrity Pledge (page 3); | | | | |  | |  | |  |
| **B. OTHERS** | | | | | | | | | | | |
| B.1. | | Firm’s Authorized Representatives **(note: must be an employee of the firm)** Affidavit with recent passport size picture (page 4); | | | | |  |  | |  | |
| B.1.1. | | | Copy of company ID of the Authorized Representatives; | | | |  |  | |  | |
| B.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; | | | |  |  | |  | |
| B.2. | | Original signature of AMO on each and every page of the application forms including supporting documents; | | | | |  |  | |  | |
| B.3. | | Certified documents. In lieu of certified copies, photocopies may be accepted provided original copies are presented for authentication; | | | | |  |  | |  | |
| B.4. | | Self-stamped envelopes for verification of supporting documents (one self-stamped envelope per supporting document); | | | | |  |  | |  | |
| B.5. | | Mode of Release of License (please check only one): [ ] Mail using the attached prepaid courier pouch;  [ ] Claim at PCAB Makati; [ ] Claim at CIAP Window / DTI ROG Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | |  |  | |  | |
| **FOR PCAB / DTI-ROG USE ONLY** | | | | | | | | | | | |
| **Item No.** | **1st Prescreening** | | | | **2nd Prescreening** | **3rd Prescreening** | **4th Prescreening** | | | | |
| [ ] PCAB Makati [ ] DTI-ROG \_\_\_\_\_\_ | | | | [ ] PCAB Makati  [ ] DTI-ROG \_\_\_\_\_\_ | [ ] PCAB Makati  [ ] DTI-ROG \_\_\_\_\_\_ | [ ] PCAB Makati  [ ] DTI-ROG \_\_\_\_\_ | | | | |
| Prescreener: | | | Date: |
| [ ] Accepted [ ] Comply lacking items | | | |
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| **AFFIDAVIT OF ATTESTATION** | | | | |
| In behalf of |  | | |  |
|  | (Name of Firm) | | |  |
| holder of Contractor's License No. \_\_\_\_\_\_\_\_\_\_\_, originally issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and last renewed for CFY 20\_\_ to 20\_\_, I hereby request for a change of Business Name to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  I certify to the completeness of the information/documents contained in this application appertaining to the category/classification the company is applying for and that the information/documents are true and correct.  I further certify that the business name and/or SEC registration of this firm is valid and existing.  I certify furthermore that the SSS, Pag-IBIG, and PhilHealth contributions were remitted in favor of the employees of this firm.  I am fully aware that:   1. All documents submitted in support to this application are subject to verification before PCAB action; 2. Any discovered misrepresentation of information and/or manifestations of fraud on the application documents submitted by my firm applicant or its Authorized Representative/Agent/Liaison Officer shall be subjected to investigation which may result to the disapproval of my application, denial/suspension/revocation of license and blacklisting of my firm and myself as its Authorized Managing Officer; and 3. Unconfirmed information/documents submitted to support my firm's qualifications shall be excluded for categorization/classification purposes. 4. The evaluation of my qualification shall be solely based on the documents submitted at the time the application was filed/accepted by PCAB. | | | | |
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|  | | **Authorized Managing Officer** (Signature over Printed Name) |  | |
| Republic of the Philippines )  Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  City/Municipality of \_\_\_\_\_\_\_\_\_\_\_) S.S | | | | |
| **SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; affiant exhibited to me his/her Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_. | | | | |
| **NOTARY PUBLIC**  Until December 31, 20 \_\_\_\_  Doc. No.  Page No.  Book No.  Series of 20 \_\_. | | | | |

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

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| **AUTHORIZED REPRESENTATIVES AFFIDAVIT** |
| Note: To be accomplished by the AMO. |
| Republic of the Philippines )  Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_)  City/Municipality of \_\_\_\_\_\_\_\_) S.S   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | I, | | **Last Name** | | | | **First Name** | | | | **Ext. Name** (Jr/Sr, if any) | | **Middle Name** | | |  | | | |  | | | |  | |  | | | born on | | **mm** | | **dd** | **yyyy** | Single / Married to | | **Last Name** | **First Name** | | | | **Middle Name** | |  | |  |  |  |  | | | |  | | and residing at: | | **Room/Floor/Unit/Bldg. Name, Lot/Block/Phase No., Street, Subdivision, Barangay, City/Municipality, Province, Zip Code** | | | | | | | | | | | | |  | | | | | | | | | | | | | having duly sworn to in accordance with law depose and say: | | | | | | | | | | | | | | | 1. | That I am the Authorized Managing Officer of : | | **Name of Firm** | | | | | | | | | | | |  | | | | | | | | | | | | with office address at: | | **Room/Floor/Unit/Bldg. Name, Lot/Block/Ph. No., Street, Subdivision, Barangay, City/Municipality, Province, Zip Code** | | | | | | | | | | | |  | | | | | | | | | | | | 2. | That I appoint two (2) representatives, whose pictures and signatures appear below: | | | | | | | | | | | | | | **Name of Representative and**  **Position in the Firm** | | | | | | **Picture**  See Important Reminders (page 5,  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. fastened in a long size folder. 4. The **required** **picture specification** fortheAuthorized Representatives Affidavit as follows:    1. taken within the last three (3) months prior to filing of application;    2. Philippine passport size (4.5 cm x 3.5 cm or 1.78” x 1.38”);    3. colored, with white background and printed on good quality photo paper;    4. in standard close-up shot, taken in full-face view directly facing the camera;    5. in bare face (with no eyeglasses or any accessories that may cover the facial features), showing left and right ears;    6. with handwritten (not computer-generated) name tag legibly showing signature over printed full name in the format: First Name, Middle Initial, Last Name and Extension Name, if any; 5. Only the Authorized Managing Officer or one of the two (2) Authorized Representatives of the Firm is allowed to transact with PCAB (Board Resolution No. 515, s. 2011). 6. All applicants are required to pay non-refundable upfront fees for all types of license applications upon acceptance (Board Resolution No. 313, s. 2011). 7. Avoid the rush and delay in the **filing/processing of renewal application**. Observe and follow the revised filing schedule (Board Resolution No. 376, s. 2014) as stated below:  |  |  | | --- | --- | | **Last Digit of License No.** | **Filing Month** | | 0 | February 1-14 | | 1 | February 15-28 | | 2 | March 1-15 | | 3 | March 16-31 | | 4 | April 1-15 | | 5 | April 16-30 | | 6 | May 1-15 | | 7 | May 16-31 | | 8 and new license approved from January to March | June 1-15 | | 9 and approved from April to June | June 16-30 |  * Contractors with license number ending 0-3 filing on their time schedule and whose accounting period is on calendar year i.e., from January 1-December 31 may submit the previous year’s Audited Financial Statements (AFS). For contractors whose accounting periods are other than calendar year may submit the latest AFS submitted to the Bureau of Internal Revenue; * Release of the license certificate for these contractors is subject to the submission of the current AFS filed with the BIR and that no significant erosion of Net Worth or equity is suffered by the contractor as not to qualify it for its present category; * Should the contractor become unqualified for its present category due to financial erosion, the application shall be reviewed by the Board for issuance of the highest category sustainable by the contractor’s qualification; * Contractors filing their renewal applications beyond the schedule for their license number ending shall be assessed an Additional Processing Fee (APF) of PhP 5,000.00; and * If the renewal application is filed after the end of the CFY which is 30 June, an Additional License Fee (ALF) which existed before the APF will still be imposed or a total of Php 10,000 will be collected on top of the regular renewal fees for each category.  1. Filing/submission of application/s can be done at PCAB Makati / CIAP Windows / DTI Regional or Provincial Offices / PCAB Accredited Contractors’ Associations & Professional Organizations. 2. Application Forms (i.e. ARC, Amendments, Special License, etc.), Citizen’s Charter, Board Resolutions, Advisories and other relevant information about PCAB application can be downloaded at [www.ciap.dti.gov.ph](http://www.ciap.dti.gov.ph) 3. For further inquiries or clarifications, please communicate with us thru email or thru contact numbers below:   Department of Trade & Industry Philippines  Construction Industry Authority of the Philippines  **Philippine Contractors Accreditation Board**  5F Executive Building Center, 369 Sen. Gil J. Puyat Ave.,  Makati City 1209  Tel/TeleFax: 895-4258 / 895-4220 / 09178482427  E-mail Address: [ciappcab.main@gmail.com](mailto:ciappcab.main@gmail.com), [pcab@dti.gov.ph](mailto:pcab@dti.gov.ph) |
| **Note: Do not include this page in your application folder. For reference use only.** |

**FEE STRUCTURE**

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| **Change of AMO / Change of Business Name / Change of Business Name & Status** | | | | | | | | |
|  |  | **Category** | | | | | | |
| **Fee Particulars** | **AAAA** | **AAA** | **AA** | **A** | **B** | **C** | **D** | **E/Trade** |
| Filing Fee | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 |
| License Fee | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Documentary Stamp Tax | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| Legal Research Fund | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| **Grand Total (P)** | **1,342** | **1,342** | **1,342** | **1,342** | **1,342** | **1,342** | **1,342** | **1,342** |

**Forms of Payment:**

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

Online payment via Landbank

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