



**RENEWAL OF ACCREDITATION AS CONSTRUCTORS' PERFORMANCE EVALUATOR (CPE)  
 INDIVIDUAL APPLICATION FORM**

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

Date filed: \_\_\_\_\_

Please put a (✓) as an indicator of the performance rating of herein applicant as CPE of your agency for the last three (3) years

- \_\_\_\_\_ Very Satisfactory
- \_\_\_\_\_ Satisfactory
- \_\_\_\_\_ Fair
- \_\_\_\_\_ Poor

- \_\_\_\_\_ 1<sup>st</sup> Renewal of CPE-accreditation
- \_\_\_\_\_ 2<sup>nd</sup> Renewal of CPE accreditation
- \_\_\_\_\_ 3<sup>rd</sup> Renewal of CPE accreditation
- \_\_\_\_\_ 4<sup>th</sup> Renewal of CPE accreditation

**1 x 1 ID  
 Picture  
 (2 copies)**

**A. BACKGROUND INFORMATION**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_ Bureau/Unit Assigned: \_\_\_\_\_  
 Profession: \_\_\_\_\_ PRC No/s. \_\_\_\_\_  
 \_\_\_\_\_ Date/s Issued: \_\_\_\_\_  
 \_\_\_\_\_ Validity: \_\_\_\_\_  
 Agency/Region: \_\_\_\_\_ Office & E-mail Addresses: \_\_\_\_\_  
 \_\_\_\_\_

**Work Specialization/Field of Expertise:** \_\_\_\_\_

Office Tel. Nos.: \_\_\_\_\_ Cell Phone Nos.: \_\_\_\_\_  
 Office Fax. Nos.: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 Tel. Nos.: \_\_\_\_\_ No. of years in government service \_\_\_\_\_  
 No. of years as private practitioner/employed with private companies: \_\_\_\_\_  
 Membership in Professional Organization: \_\_\_\_\_

**B. EDUCATIONAL BACKGROUND**

College/University Course	Year	School/University
Master's/Graduate Studies	Year	School/University
Special Courses/ Foreign Seminars/ Training	Year	Where/When

Screened by: \_\_\_\_\_

\_\_\_\_\_  
 Signature of CPE-Applicant

\_\_\_\_\_  
 Head, CPES-IU

Date: \_\_\_\_\_