|  |  |
| --- | --- |
| **Checklist of Requirements (Sole Proprietorship)** | **Remarks** |
| **A. LEGAL** |
| A.1.  | **(a)** Affidavit of Attestation, **(b)** Integrity Pledge and **(c)** Contractor’s General Information (pages 5, 6 and 7); |  |  |  |
| A.2. | Authority to verify documents with **(a)** Depository Bank, **(b)** BIR and **(c)** Government Agencies (pages 8, 9 and 10); |  |
| **B. EXPERIENCE OF THE FIRM** |
| B.1. | Statement of Annual Value of Work Accomplished/On-going as of the Balance Sheet Date for the year immediately preceding the filing of application (page 12); |  |  |  |
| **C. TECHNICAL** |
| C.1.  | List of Nominated Sustaining Technical Employee/s (STE/s) (page 15); |  |
| C.1.1. | **For NEWLY nominated STE/s:** |  |  |  |
| C.1.1.1. | STE/s Affidavit of Undertaking with copy of valid PRC ID/s (pages 16 and 17); |  |  |  |
| C.1.1.2. | Original NBI clearance/s; |  |  |  |
| C.1.1.3. | STE/s Affidavit of Construction Experience (page 18); |  |  |  |
| C.1.1.4. | STE/s Personal Appearance (page 19); |  |  |  |
| C.1.1.5. | Certificate of Completion of 40-hour Construction Safety and Health Seminar (COSH), if applicable; |  |  |  |
| C.1.2. | **For PREVIOUSLY nominated STE/s:** |  |  |  |
| C.1.2.1.  | STE/s Affidavit of Undertaking with copy of valid PRC ID/s (pages 16 and 17); |  |  |  |
| C.1.2.2. | **For STE/s below 60 years old:** Copy of the pertinent page of latest SSS Collection List Details **reflecting the name/s of the nominated STE/s** for the three (3) months immediately preceding the filing of application; |  |  |  |
| C.1.2.3. | **For STE/s 60 years old and above:** BIR 1604 CF / Alphabetical List of Employees/Payees from Whom Taxes Were Withheld filed with the BIR;  |  |  |  |
| **D. FINANCIAL** |
| D.1. | Certified copy of the Annual Income Tax Return filed with the BIR and proof of payment for the taxable year immediately preceding the filing of renewal application; |  |  |  |
| D.2. | Audited Financial Statements (AFS) with accompanying Auditor’s Opinion Report, Statement of Changes in Equity, Cash Flow and Auditor’s Notes for the preceding taxable year duly stamped-received by the BIR **(duly audited and signed on each & every page by an Independent CPA with valid PRC-BOA accreditation)**; |  |  |  |
| D.3. | Schedule of Receivables, if applicable (page 21);  |  |  |  |
| **E. OTHERS** |
| E.1. | Authorized Representatives Affidavit (page 23); |  |  |  |
| E.2. | Original signature **(preferably with blue ink)** of AMO on each and every page of the application forms including supporting documents. |  |  |  |
| **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 |
|  | **AMO must sign here:** |

|  |
| --- |
| **IMPORTANT REMINDERS!** |
| To avoid undue delay in the 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 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;
* If the renewal application is filed after June 30, an Additional License Fee (ALF) of Php 5,000 will also be imposed;
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. **Sustaining Technical Employee (STE) nomination shall be limited only to one (1) contractor for one Contracting Fiscal Year (CFY).** In case of transfer of employment by the STE, the technical qualifications of the nominating contractor shall be re-evaluated but the qualifications of the said STE shall only be considered for the new employer for the next CFY, if such transfer of employment is still valid and existing.
3. 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.
4. Certificate of ISO Accreditation (for additional credit points purposes only).
5. **The Board may require the AMO interview to fully determine the qualifications of the applicant (except Renewal of Regular License and Change of Business Name and Status applications);**
6. 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 |
| Deferred Charges | 10% of Net Worth per AFS |
| \*The amount in excess of the allowable limit will be excluded from the Net Worth / Equity to arrive at PCAB computed Net Worth / Equity |

1. Deposit for Future Subscription / Subscription Receivables is NOT considered part of equity, thus, excluded from Equity for categorization purposes.
2. 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 for the same after six (6) months upon approval of license application.
3. New 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.
4. Mode of Release of License Certificate: (1) Mail using the prepaid pouch (2) Claim at PCAB Makati / CIAP Windows / DTI Regional or Provincial Offices.
5. For more inquiries, please contact us at **895.4258 / 895.4220 / 09178482427** / ciappcab.main@gmail.com, 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. New Regular License)

**Reserved for**

**PCAB Sticker**

This portion is reserved for application official reference number

Regular or expanding long/legal size folder

Fastener

Fastener

Separator &

Index Tab

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Checklist of Require-ments

A. Legal Forms & Supporting Documents

B. SAVWA Form & Supporting Documents

C. Technical Forms &Supporting Documents

D. Financial Forms & Supporting Documents

E. Other Forms & Supporting Documents

**Checklist of Requirements**

**D. Financial**

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Left portion of the folder

**OPENED FOLDER**

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

Separator 1/5

A. LEGAL

 **Table of Contents:**

A.1. **(a)** Affidavit of Attestation, **(b)** Integrity Pledge and **(c)** Contractor’s General Information (pages 5, 6 and 7);

A.2. Authority to verify documents with **(a)** Depository Bank, **(b)** BIR and **(c)** Government Agencies (pages 8, 9 and 10);

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|  |
| --- |
| **AFFIDAVIT OF ATTESTATION** |
| In behalf of |  |  |
|  | (Name of Firm) |  |
| holder of Contractor's License No. \_\_\_\_\_\_\_\_\_\_\_, originally issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby request for Renewal of its Contractor's License for Contracting Fiscal Year 01 July 20\_\_\_\_ to 30 June 20\_\_\_\_.I hereby request that its application for Contractor's License be approved.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.
 |
|  |  |  |
|  | **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 \_\_. |
|  | **AMO must sign here:** |

|  |
| --- |
| **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 (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 \_\_. |
|  | **AMO must sign here:** |

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| **CONTRACTOR’S GENERAL INFORMATION** |
| Note: Please use additional sheets if necessary. |
| **Name of Firm** (as per DTI) |
|  |
| **Office Address** | **Telephone/Fax No.** (include area code) |
|  |  |
| **If Provincial based, contact address in Manila, if any** |
|  |
| **Website** (if any) | **Official E-mail Address** (required) | **Mobile No.** |
|  |  |  |
| **Type of Firm** | **Equity** |
| Sole Proprietorship  | Filipino: **100**% | Foreign: **0**%  | Nationality: **Filipino** |
| **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 |
| **DTI Business Name Registration No.** | **Registration Date** (mm/dd/yyyy) | **Expiry Date** (mm/dd/yyyy) |
|  |  |  |
| **Firm’s SSS No.** | **Firm’s Tax Identification No.** | **Firm’s PhilHealth No.** | **Firm’s PAG-IBIG No.** |
|  |  |  |  |
| **Original Contractor’s License No.** (e.g. 12345) | **Date Issued** (mm/dd/yyyy) | **Last Renewal of License** |
|  |  | CFY 20\_\_\_\_ - 20\_\_\_\_ |
| **Present Category** (please check only one) |
| [ ] AAAA [ ] AAA [ ] AA [ ] A [ ] B [ ] C [ ] D [ ] E / Trade |
| **Principal Classification** (please check only one) | **Other Classification/s** (please check, if any) |
| [ ] General Engineering [ ] General Building[ ] Trade [ ] Specialty (please specify below): | [ ] General Engineering [ ] General Building[ ] Specialty (please specify below): |
|  | Certified correct by: |
|  |  |  |
|    | **Authorized Managing Officer (AMO)**(Signature over printed name) |
|  | **AMO must sign here:** |

|  |
| --- |
| **AUTHORITY TO VERIFY DOCUMENTS WITH DEPOSITORY BANK** |
| **THE MANAGER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Subject: Bank Account Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Authorized Managing Officer (AMO) or**  **Authorized Signatory with the Bank** (Signature over Printed Name)Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **AMO must sign here:** |

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| **AUTHORITY TO VERIFY DOCUMENTS WITH B.I.R.** |
| **THE REVENUE DISTRICT OFFICER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Subject: Income Tax Return (ITR) and Audited Financial Statement (AFS) as of \_\_\_\_\_\_**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 ITR and AFS filed with your office.I am applying for a contractor's license from PCAB and part of their evaluation process is the verification of ITR and AFS of an applicant.This will serve as a waiver on the confidentiality provision of Section 270 of the National Internal Revenue Code of 1997 (memorandum circular No.28, 2006 dated May 08, 2006) and your authorization to release any information that may be requested by PCAB regarding the above subject document/s.Thank you.Very truly yours,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Authorized Managing Officer (AMO)**  (Signature over Printed Name) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **AMO must sign here:** |

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| --- |
| **AUTHORITY TO VERIFY DOCUMENTS WITH GOVERNMENT AGENCIES** |
| 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)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Authorized Managing Officer (AMO)**  (Signature over Printed Name) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **AMO must sign here:** |

Separator 2/5

B. EXPERIENCE OF THE FIRM / SAVWA

 **Table of Contents:**

B.1. Statement of Annual Value of Work Accomplished/On-going as of the Balance Sheet Date for the year immediately preceding the filing of application (page 12);

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 INDEX TAB here, labeled “B. SAVWA”

|  |
| --- |
| **STATEMENT OF ANNUAL VALUE OF WORK ACCOMPLISHED/ON-GOING PROJECTS** |
| As of the Balance Sheet Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Note: See instructions at the next page before filling-out this form. Please use additional sheets if necessary. |
| **PROJECT PARTICULARS** | 1 | 2 | 3 |
| Title of Project: |  |  |  |
| Project Owner: |  |  |  |
| Location: |  |  |  |
| Classification/Total Cost: |  / |  / |  / |
| **CONTRACT PARTICULARS** | 1 | 2 | 3 |
| Date of Contract: |  |  |  |
| Contract Completion Date: |  |  |  |
| Scope of Work: |  |  |  |
| Amount of Contract: |  |  |  |
| Name of Main Contractor or Joint Venture Partner, if any: |  |  |  |
| **WORK ACCOMPLISHMENT** | 1 | 2 | 3 |
| As of start of year:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ %\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ %\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ %\_\_\_\_\_\_ |
| As of end of year : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ %\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ %\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ %\_\_\_\_\_\_ |
| **TECHNICAL EMPLOYEE(S)** | 1 | 2 | 3 |
| Name and Profession: |  |  |  |
| Position Title:  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Authorized Managing Officer (AMO)** (Signature over printed name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** |
|  | **AMO must sign here:** |

|  |
| --- |
| **INSTRUCTIONS ON FILLING OUT OF STATEMENT OF ANNUAL VALUE** **OF WORK ACCOMPLISHED (SAVWA)/ON-GOING PROJECTS** |
| **PROJECT TITLE** refers to the name of the particular project as stated in the contract.**PROJECT OWNER** refers to either government infrastructure agencies (e.g. DPWH, LWUA, MWSS, NIA, DOTC, etc.)**LOCATION** refers to the site of the particular project.**CLASSIFICATION** refers to the coverage or type of the work as stipulated in the contract. Choose a code from the following: (e.g. GE-1, GE-3, GB-1, SP-FW, etc.) |
| **General Engineering** | **Specialty** |
| GE-1  | Road, Highway Pavement, Railways, Airport Horizontal Structures & Bridges | SP-FW | Foundation or Piling Work |
| SP-SS  | Structural Steel Work  |
| GE-2  | Irrigation or Flood Control | SP-CC | Concrete Pre-Casting, Pre-stressing, or Post-Tensioning |
| GE-3  | Dam, Reservoir or Tunneling |
| GE-4 | Water Supply | SP-PS  | Plumbing and Sanitary Work  |
| GE-5  | Port, Harbor or Offshore Engineering | SP-EE  | Electrical Work |
|  |  | SP-ME | Mechanical Work |
|  |  | SP-AC  | Air-Conditioning or Refrigeration |
| **General Building** | SP-ES | Elevator or Escalator |
| GB-1  | Building and Industrial Plant | SP-FP | Fire Protection Work |
| GB-2  | Sewerage and Sewage System | SP-WP  | Water Proofing Work |
| GB-3  | Water Treatment Plant & System | SP-PN | Painting Work |
| GB-4  | Park, Playground or Recreational Work | SP-WD  | Well Drilling Work |
|  |  | SP-CF | Communication Facilities |
|  |  | SP-MS | Metal Roofing & Siding Installation  |
|  |  | SP-SD  | Structural Demolition |
|  |  | SP-LS | Landscaping |
|  |  | SP-EM  | Electro Mechanical Work |
|  |  | SP-NF  | Navigational Facilities |
| **TOTAL COST** refers to the overall project cost inclusive of owner furnished materials but exclusive of design and engineering fees and may be in the nature of a budgetary estimate.**DATE OF CONTRACT** refers to the date the contract was signed.**CONTRACT COMPLETION DATE** refers to the date the project will be finished or completed.**SCOPE OF WORK** refers to the extent of involvement in the contract whether:(a) Main Contractor, (b) Sub-Contractor or (c) Joint Venture.**AMOUNT OF CONTRACT** refers to the contract sum of the applicant firm inclusive of any change/variation/order/addition or deduction.**NAME OF MAIN CONTRACTOR or JOINT VENTURE PARTNER** indicate the name of the Main Contractor or Joint Venture Partner if the project undertaken is a sub-contract.**WORK ACCOMPLISHMENTS - AS OF START AND END OF YEAR** refers to the stage of completion of the contract work as of the first day and the last day, respectively, of the calendar/fiscal year, based on the contract billings (indicate the value and percent accomplishments).**TECHNICAL EMPLOYEE(S) IN-CHARGE OF PROJECT** refers to the Engineer or Architect assigned to supervise the actual construction implementation (indicate the name, profession and position title of the STE). |

Separator 3/5

C. TECHNICAL

 **Table of Contents:**

C.1. List of Nominated Sustaining Technical Employee/s (STE/s) (page 15);

C.1.1. For NEWLY nominated STE/s:

C.1.1.1. STE/s Affidavit of Undertaking with copy of valid PRC ID (pages 16 and 17);

C.1.1.2. Original NBI clearance/s;

C.1.1.3. STE/s Affidavit of Construction Experience (page 18);

C.1.1.4. STE/s Personal Appearance (page 19);

C.1.1.5. Certificate of Completion of 40-hour Construction Safety and Health Seminar (COSH), if applicable;

C.1.2. For PREVIOUSLY nominated STE/s:

C.1.2.1. STE/s Affidavit of Undertaking (pages 16 and 17);

C.1.2.2. For STE/s below 60 years old: Copy of the pertinent page of latest SSS Collection List Details reflecting the name/s of the nominated STE/s for the three (3) months immediately preceding the filing of application;

C.1.2.3. For STE/s 60 years old and above: BIR 1604 CF / Alphabetical List of Employees/Payees from Whom Taxes Were Withheld filed with the BIR;

Attach Blue

 INDEX TAB here, labeled “C. Technical”

|  |
| --- |
| **LIST OF NOMINATED SUSTAINING TECHNICAL EMPLOYEE/S (STE/s)** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of STE** | **PRC Registration** | **Date Employed** | **Position****in the Firm** |
| **Prof.** | **License****Number** | **Date of**  |
| **Registration** | **Validity** |
| **Previously Nominated** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Authorized Managing Officer (AMO)** (Signature over Printed Name) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **AMO must sign here:** |

|  |  |
| --- | --- |
| **SUSTAINING TECHNICAL EMPLOYEE (STE) AFFIDAVIT OF UNDERTAKING** | **2x2 Picture of STE** |
| 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 | **Contracting Fiscal Year (CFY)** |
|  | 20\_\_\_ - 20\_\_\_ |
| 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.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sustaining Technical Employee (STE)**(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\_\_\_.Doc. No. **Notary Public**Page No. Until December 31, 20 \_\_\_Book No. Series of 20 \_\_\_  |

 |
|  |  |  |  |  |  |
|  | **-PASTE HERE-****Actual Size clear copy of** **valid PRC ID CARD** **(Front)** |  |  | **-PASTE HERE-****Actual Size clear copy of** **valid PRC ID CARD****(Back)** |  |
|  |  |  |  |  |  |
|  | **AMO must sign here:** |

|  |
| --- |
| **STE QUALIFICATION REQUIREMENTS** |
| 1. A technology professional, such as engineer or architect, duly licensed by the Professional Regulation Commission (PRC).
2. Holder of a valid PRC ID
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 above stated professional eligibility/registration of the Sustaining Technical Employee. Affiant herein and found the same to be true and correct.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Authorized Managing Officer (AMO)** (Signature over Printed Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
|  | **AMO must sign here:** |

|  |
| --- |
| **STE AFFIDAVIT OF CONSTRUCTION EXPERIENCE** |
| Note: To be accomplished by the **NEWLY nominated STE**. Please use additional sheets if necessary. |
| Republic of the Philippines )Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_)City/Municipality of \_\_\_\_\_\_\_\_) S.SI, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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** |
|  |  |  |  |  |
|  |  |  |  |  |
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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.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sustaining Technical Employee (STE)**(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 \_\_\_\_\_.  |
|  | **AMO must sign here:** |

|  |
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| **STE PERSONAL APPEARANCE** |
| **Note:** To be accomplished and signed by the **NEWLY nominated STE.** The STE Personal Appearance is **valid only for three (3) months** from the date signed by the PCAB/CIAP Window/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 (Company Name)** |
|  |

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 (Company Name)** | **Date of Employment** | **Date of Resignation** | **Position** |
|  |  |  |  |
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4. Other Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Valid I.D.(s) Presented: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STE’s Signature1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

|  |  |
| --- | --- |
| **To be filled out by PCAB/CIAP Window/DTI-ROG Personnel** |  |
|  |
| **Signature over Printed Name** | **STE’s Specimen Signature (during interview)** |
| Date: | Date: |
| PCAB/CIAP Window/DTI-ROG Office: |

 |

Separator 4/5

D. FINANCIAL

 **Table of Contents:**

D.1. Certified copy of the Annual Income Tax Return filed with the BIR and proof of payment for the taxable year immediately preceding the filing of renewal application;

D.2. Audited Financial Statements (AFS) with accompanying Auditor’s Opinion Report, Statement of Changes in Equity, Cash Flow and Auditor’s Notes for the preceding taxable year duly stamped-received by the BIR (duly audited and signed on each & every page by an Independent CPA with valid PRC-BOA accreditation)

D.3. Schedule of Receivables, if applicable (page 21);

Attach Yellow

 INDEX TAB here, labeled “D. Financial”

|  |
| --- |
| **SCHEDULE OF RECEIVABLES** as of \_\_\_\_\_\_\_\_ |
| Note: To be accomplished **if the applicant's receivable accounts (accounts/contracts & other receivable) exceed 50% of the total Net Worth/equity as of the latest audited balance sheet submitted in support of its application**. Please use additional sheets if necessary. |
|

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| --- | --- | --- | --- |
| **Name of Projects** | **Amount Due for Collection** | **Age** | **Client Name / Complete Address** |
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Certified Correct by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Printed Name and Signature of External Auditor Printed Name and Signature of AMO** |
|  | **AMO must sign here:** |

Separator 5/5

E. OTHERS

 **Table of Contents:**

E.1. Authorized Representatives Affidavit (page 23);

Attach Orange

 INDEX TAB here, labeled “E. Others”

|  |
| --- |
| **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). |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**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 \_\_\_  |
|  | **AMO must sign here:** |

**FEE STRUCTURE**

|  |
| --- |
| **Renewal of Regular License Application (Early Filing / On Schedule)** |
|  | **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  |
| Category Review | 100,000 | 28,800  | 14,400  | 4,800  | 3,600  | 1,920  | 960  |  nil  |
| 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)** | **101,342** | **30,142**  | **15,742**  | **6,142**  | **4,942**  | **3,262**  | **2,302**  | **1,342**  |
| **Renewal of Regular License Application (Filing After Respective Schedule)** |
|  | **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  |
| Category Review | 100,000 | 28,800  | 14,400  | 4,800  | 3,600  | 1,920  | 960  |  nil  |
| 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 |
| Additional Processing Fee | 5,000 | 5,000  | 5,000  | 5,000  | 5,000  | 5,000  | 5,000  | 5,000  |
| **Grand Total (P)** | **106,342** | **35,142**  | **20,742**  | **11,142**  | **9,942**  | **8,262**  | **7,302**  | **6,342**  |
| **Renewal of Regular License Application (Filing After 30th of June)** |
|  | **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  |
| Category Review | 100,000 | 28,800  | 14,400  | 4,800  | 3,600  | 1,920  | 960  |  nil  |
| 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 |
| Additional Processing Fee | 5,000  | 5,000  | 5,000  | 5,000  | 5,000  | 5,000  | 5,000  | 5,000  |
| Additional License Fee | 5,000  | 5,000  | 5,000  | 5,000  | 5,000  | 5,000  | 5,000  | 5,000  |
| Surcharge  | 40  | 40  | 40  | 40  | 40  | 40  | 40  | 40  |
| **Grand Total (P)** | **111,382** | **40,182**  | **25,782**  | **16,182**  | **14,982**  | **13,302**  | **12,342** | **11,382**  |
| 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) |

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