



Republic of the Philippines  
**DEPARTMENT OF LABOR AND EMPLOYMENT**  
Regional Office No. 8

**APPLICATION FOR CBA REGISTRATION**

INSTRUCTIONS: Parts I & II shall be accomplished by the applicant. Supply all required information.		
Part I. General Information		Date Accomplished:
A. Parties		
A.1 Name of Establishment/Company	Address:	Tel. No.:
A.2 Name of Union:	Address:	Tel. No.:
Affiliation of Union, if any (State the name if the Federation/National Union):	Registration Certificate No./Certificate of Local Creation No: _____ Date Registered: _____ Office which issued Registration Certificate/Certificate of Local Creation: <input type="checkbox"/> Regional Office No. <input type="checkbox"/> Bureau of Labor Relations	
A.3 Representation status required through <input type="checkbox"/> Certification / Counsel Election <input type="checkbox"/> Voluntary Recognition	Date Certified as winner (CE):  Date when VR was recorded by DOLE:	
A.4 Type of industry where the parties operate	A.4 Product Line:	
B. Coverage of the Bargaining Unit:		
B.1 Composition: <input type="checkbox"/> Supervisory <input type="checkbox"/> Rank-and-file B.2 Structure: <input type="checkbox"/> Employer <input type="checkbox"/> Occupational Unit B.3 Sectoral Classification: <input type="checkbox"/> Industry <input type="checkbox"/> Service <input type="checkbox"/> Agriculture B.4 Occupational Classification:  <input type="checkbox"/> Technical <input type="checkbox"/> Administrative <input type="checkbox"/> Faculty <input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing <input type="checkbox"/> Sales/Marketing  B.5 Mode of Payment of Wages:  <input type="checkbox"/> Monthly-Paid <input type="checkbox"/> Daily-paid <input type="checkbox"/> Hourly-paid <input type="checkbox"/> Task/"Pakiao" <input type="checkbox"/> Commission		
C. Number of Employees		
In the Establishment Male _____ Female _____	Bargaining Unit Male _____ Female _____	Union Members Male _____ Female _____
D. Duration/Period/Status of Agreement		
D.1 Ratification	D.2 Duration / Effectivity	D.3 Status of Agreement:
Date Ratified:	From:	<input type="checkbox"/> First <input type="checkbox"/> Renegotiated *
Number of Ratifying Signature:	To:	<input type="checkbox"/> Renewal
		<input type="checkbox"/> 1 <sup>st</sup> Renewal
		<input type="checkbox"/> 2 <sup>nd</sup> Renewal
		<input type="checkbox"/> 3 <sup>rd</sup> Renewal
		<input type="checkbox"/> 4 <sup>th</sup> Renewal
		*No registration fee for renegotiated CBA



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