



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

Registry of Establishment

EIN: _____

1. Name of Establishment _____

2. Address _____

Street City/Municipality Province

3. TIN : _____

4. Telephone No. : _____ Fax No. : _____ Email Address: _____

5. Name of Manager / Owner _____

6. Nature of Business & Product Manufactured, Service rendered or Merchandise sold:

(Example Manufacturing -- Textile, Construction -- Building, Agriculture -- Production of Livestock, etc; Forestry - Logging; Services -- Generation and Distribution of Electricity, Commerce - Lumber and Construction Materials; Wholesale or Retail)

7. Number of Employees

| | Total | Filipinos | Resident Alien | Non-Resident Alien | Below 15 | Below 15-17 yrs | 18-30 yrs | Above 30 yrs. |
|-------------|-------|-----------|----------------|--------------------|----------|-----------------|-----------|---------------|
| Male | | | | | | | | |
| Female | | | | | | | | |
| Grand Total | | | | | | | | |

8. Name & Address of Labor Union, if any: _____

BLR Registration No. _____

9. Technical Information (Please Check / Enumerate)

9a. Machinery, Equipment and Other Devices in use:

Circular saw Machine Drill Press Boiler Pressure Vessel Internal Combustion Engine
 Engine Diesel Gasoline Others, Specify _____

9b. Materials Handling Equipment:

Power Trucks Hand Trucks Conveyors Forklift Cranes Others, Specify _____

9c. Chemical or Substances Used or Handled: _____

10. If Branch unit, name of parent establishment: _____

Location _____

11. Current Capitalization _____ Total Assets: _____

12. Photocopy of DTI Certificate of Registration / Business Permit (pls. attach)

FOR RE-REGISTRATION ACCOMPLISH ALSO:

13. Past Application Number _____ Date of Application _____

14. If Changing Name of Establishment, State Former Name; _____

15. If Changing Location, Give Past Address: _____

I hereby certify that the above information is true and correct.

 Owner/President

Date Filed : _____ Date Approved: _____ Approved by: _____

(Regional Director or Assistant Regional Director or Head of Field Office)