



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT

Region 9

**3rd Floor, QNS Building, Veterans Avenue Extension
 Tumaga Road, Zamboanga City**

BLR Reg. Form No. 3-WA, Series of. 2003
 (For Workers Association Operating in One Region)

APPLICATION FOR RWA REGISTRATION

PART I. INFORMATION ABOUT THE APPLICATION To be accomplished by the applicant. Supply all required information. Misrepresentation, false statement or fraud in this application or in any supporting document is a ground for denial or cancellation of registration.		Date Accomplished:
Name of Applicant Association	Address	
Name of President (Last) (First) (Middle)	Address	
Date Organized (Day) (Month) (Year)	Date of CBL Ratification (If ratification was done on successive dates, state date of ratification.)	
Place/s of Operation	No. of Members _____ Male _____ Female _____	
Occupation of Members. <i>Please check appropriate category.</i> <input type="checkbox"/> Agricultural workers (<input type="checkbox"/> farmers <input type="checkbox"/> fisherfolk <input type="checkbox"/> artisans <input type="checkbox"/> cottage <input type="checkbox"/> others _____) <input type="checkbox"/> Small transport workers (drivers: <input type="checkbox"/> jeepney <input type="checkbox"/> FX <input type="checkbox"/> tricycle <input type="checkbox"/> pedicab) <input type="checkbox"/> Homebased/Homeworkers <input type="checkbox"/> Small construction workers <input type="checkbox"/> Vendors (<input type="checkbox"/> market <input type="checkbox"/> sidewalk <input type="checkbox"/> ambulant) <input type="checkbox"/> Small-scale miners <input type="checkbox"/> Others/Own-Account, please specify _____		
Fiscal Period <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year (Please specify) _____	Status of Finances <input type="checkbox"/> w/ Financial Report <input type="checkbox"/> w/o Financial Report	
<p>I attest to the truth of the foregoing.</p> <p align="right">_____ Authorized Representative / Position in the Union (Signature over printed name)</p> <p>SUBSCRIBED AND SWORN TO before me at _____, Philippines this _____ day of _____ 20____, by _____ with Community Tax Certificate No. _____ issued at _____ on _____.</p> <p align="right">NOTARY PUBLIC</p> <p>Doc No. ____ Page No. ____ Book No. ____ Series of 20____</p>		

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