



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT

Region 9

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

Form No. 1

APPLICATION FOR REGISTRATION OF JOB CONTRACTORS/SUBCONTRACTORS

1. Business Name: _____ TIN _____
2. Business Address: _____
3. Telephone No. _____ Fax: _____ Email: _____
4. Contact Person and Position: _____
5. Areas of Operation: _____
6. Nature of Business: _____ 7. Industries to be covered _____
8. Number of Regular Workers: _____ Male _____ Female _____
9. Names, Positions and Addresses of Officers and Staff:

| Names of Officers/Staff | Position | Postal Address |
|-------------------------|----------|----------------|
| | | |
| | | |
| | | |

10. List of Clients (use additional sheet if necessary)

| Name and Address of Client/Principal | Nature of Business | Services Provided to Clients/Principal | Description of the Phase of the Contract | Number of Employees Covered in each Phase of the Contract | |
|--------------------------------------|--------------------|--|--|---|--------|
| | | | | Male | Female |
| | | | | | |
| | | | | | |
| | | | | | |

11. UNDERTAKING:

That I, _____, Filipino, of legal age, _____, _____

name civil status position

Of _____, after having been duly sworn to in accordance with law, do

name of company

hereby depose and say:

1. That our company shall abide by all applicable laws and regulations of the Department of Labor and Employment;
2. That the remittances to SSS, HDMF, Philhealth, ECC and BIR will be paid religiously by the company.

In witness whereof, I have hereunto affixed my signature this ___ day of _____ 20__ in

 (Affiant's Name /Signature)

SUBSCRIBED AND SWORN to before me this ___day of _____2013. Affiant exhibited to me his/her Residence Certificate No. _____, issued at _____ on _____.

Doc. No. _____
 Page No. _____
 Book No. _____
 Series of _____

Note: All contracts entered into after this registration shall be reported to the DOLE Regional Office on or before the 10th day of the month immediately following the date of entry into contract.

| | |
|------------------------------|-------------------|
| DOLE-9 FORM 7.5.02.02 | |
| Issue Date: | May 1, 2013 |
| Approved By: | Regional Director |
| Issue Status: | 01 Rev. No: 00 |

APPLICATION FOR REGISTRATION OF JOB CONTRACTOR/ SUBCONTRACTOR

This form shall be accomplished by the contractor/sub-contractor in triplicate and submitted to the DOLE Regional Field Office having jurisdiction on the place of the contractors/sub-contractors' main office.

- 1. Business Name**
Enter the business name of the contractor/subcontractor registered with the SEC, DTI, CDA, or DOLE.
- 2. Business Address**
Enter the business address of the contractor/sub-contractor
- 3. Telephone No.**
Enter the telephone number(s) of the contractor/sub-contractor.
- 4. Contact Person/Position**
Enter the name of the President or General Manager or any other officer of the company who can provide information on the entries. Indicate the position of the officer.
- 5. Areas of Operation**
Enter or enumerate the area(s) or places covered by the contractor/ subcontractor.
- 6. Nature of Business**
Indicate the kind of business the contractor/sub-contractor is engaged in i.e., janitorial services, messengerial, trucking services, etc.
- 7. Industries to be covered**
Indicate the kind of industries of the clients/prospective clients to be covered.
- 8. Number of Regular Workers/Male/Female**
Enter the number of regular workers of the contractor/sub-contractor broken down into male and female.
- 9. Names, Positions, and Address of Officers/Staff**
Enumerate the names of the officers and staff of contractors/sub-contractor, their respective positions in the company and their respective home addresses. This does not include the names of the workers to work with the principal. Additional sheet may be used if necessary.
- 10. List of Actual Clients**
Enumerate the name(s) and addresses of the clients with which the contractor/sub-contractor have existing contracts, its nature of business, services to be provided to the client, number of personnel assigned to each client, description of each phase of the contract, the number of employees covered in each phase of the contract, disaggregated into male and female.
- 11. Undertaking**
Indicate the needed information in the blank spaces provided in the undertaking.

The signature of the President or General Manager and the date of signing should appear in the designated portion of the form.