



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT

Region 9

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

DOLE-BWC-AF-PCR-A2 Rev. Code: 0703-0	PRACTITIONER/CONSULTANT APPLICATION FORM (Renewal)	Please attach 1" x 1" picture SC: blue background SP: red background 2 COPIES Signed at the back			
Instructions: Fill in all the data needed. Use block/printed letters or use a typewriter. Writ N.A. if the blanks are not applicable. Application may be submitted directly to BWC or to concerned R.O. documents submitted must be signed in all pages.					
I would like to apply for renewal of my accreditation as: <input type="checkbox"/> OSH CONSULTANT <input type="checkbox"/> OSH PRACTITONER	Accreditation No. Date accredited: Date of last renewal Validity:				
1. PROFILE					
Last Name	First Name	Middle Name	Sex	Civil Status	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Widower/widow <input type="checkbox"/> Married <input type="checkbox"/> Separated	
City/Municipality Address (No. & Street, Town, City, Province, Zip, Code)					
Home/Provincial Address			Home No.:	Cellular Phone No. (if any)	
Business Address			Co. Tel No:	Fax No:	
			E-mail:		
Nature of Business/Specific Product/Service:			PSIC Code:		
Type of workplace <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-hazardous			Employment size Male <input type="text"/> Female <input type="text"/> Total <input type="text"/>		
Region			GEO Code:		
2. WORK EXPERIENCE <i>since last issuance of accreditation</i>			Years of OSH Experience		
Position (From recent to previous)	Inclusive Dates		Length of service	Status of Appointment	Name of Company
	From	To			
3. SUMMARY OF ACCOMPLISHMENTS ON OSH (Please attach original summary of accomplishments duly certified by your immediate supervisor and employer using company letterhead. Photocopy of supporting documents should be attached (i.e. report on inspection, accident investigation, OSH programs/activities))					
4. OSH RELATED TRAININGS / SEMINARS ATTENDED (As Participant) – <i>Since last issuance of accreditation</i> <i>Please attach photocopy of certificate. Original copies of certificates to be presented to authorized DOLE staff for authentication.</i>					
Title (Start from latest)	Time/Duration		No. of Hours	Conducted by	Venue
	From	To			
TOTAL					

DOLE-9 FORM 7.5.11.03	
Issue Date:	May 1, 2013
Approved By:	Regional Director
Issue Status:	01 Rev. No: 00

5. OSH RELATED LECTURES / SEMINARS / TRAININGS CONDUCTED (As Resource Speaker) – *Since last issuance of accreditation. Please attach photocopy of certificate/recognition received.*

Title / Topic	Time / Duration		No. of Hours	Conducted by	Venue
	From	To			
Total					

6. OSH SKILLS / EXPERTISE / SPECIALIZATION ACQUIRED *(Use additional sheet if necessary)*

Trade / Occupation	Field of Expertise	Brief Description	Years of Experience

7. OSH AWARDS / ACHIEVEMENTS / RECOGNITION RECEIVED *(Use additional sheet if necessary)*
Attach photocopy of certificate of award/recognition

Title	Brief Description	Issued By	Date Issued

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

 Signature Date:

Right Thumb Mark