



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. 10-CBA, Series of 2003
(For Collective Bargaining Agreement)

APPLICATION FOR CBA REGISTRATION

INSTRUCTION: 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 of the Federation/National Union):	Registration Certificate No./Certificate of Local Creation No: _____ Date Registered: _____ Office which issued Registration Certificate/ Certificate of Local Creation: [] Regional Office No. [] Bureau of Labor Relations	
A.3 Representation status required through [] Certification / Counsel Election [] 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	Bargaining Unit	Union Members
Male _____ Female _____	Male _____ Female _____	Male _____ Female _____
D. Duration/Period/Status of Agreement		
D.1 Ratification Date Ratified: Number of Ratifying Signatures:	D.2 Duration/Effectivity From: To:	D.3 Status of Agreement [] First [] Renegotiated* [] Renewal [] 1 st Renewal [] 2 nd Renewal [] 3 rd Renewal [] 4 th Renewal <small>*No registration fee for renegotiated CBA</small>

DOLE-9 FORM 7.5.08.01	
Issue Date:	May 1, 2013
Approved By:	Regional Director
Issue Status:	01 Rev. No: 00

Part II. Labor Union and Company/Employer Representatives Attestation/Certification

We, _____, President of the _____,
 (Union President's name) (Union's name)
 of legal age, residing at _____
 (Union President's Permanent Address)
 and _____ of the _____
 (Company Representative's Name) (Company Designation) (Company's Name)
 _____ engaged in _____
 (Company's Name) (Type of Industry and Product Line)
 of legal age, residing at _____
 (Company Representative's Permanent Address)

after first being sworn in accordance with law, depose and say:

1. That the collective bargaining agreement was posted in two (2) conspicuous places within the premises of the establishment/company or bargaining unit, and within the place the union seeks to operate for a period of five days, from _____ to _____;
2. that the total number of employees in the bargaining unit is _____;
3. That the CBA was supported by _____ which is more than majority of the employees/members of the bargaining unit, which fact is evidenced by the attached document containing the employees/members' names and signatures;
4. That we subscribe to this attestation/certification in compliance with Section 2, Rule XVII of Department Order No. 40, Series of 2003.

DONE this _____ day of _____, at _____.

 Signature Over Printed Name Signature
 (Union President)
 Com. Tax Cert. No. _____
 Issued on _____
 Issued at _____

 Over Printed Name
 (Union President)
 Com. Tax Cert. No. _____
 Issued on _____
 Issued at _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____ at _____,
 _____, the parties herein exhibiting to me their Community Tax Certificates.

NOTARY PUBLIC

Doc. No.
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 Series of 20____

PART III. Processing of Requirements

(To be accomplished by the processor in the RO)

Date Received:

- A. Checklist of Requirements. Documents 1-4 shall be certified under oath by the representative(s) of the employer(s) and the labor union(s) concerned. All documents shall be submitted in triplicate copies: one original copy and two duplicate copies.
- [] 1. Duly accomplished form
 - [] 2. Copy of the collective bargaining agreement
 - [] 3. A statement that the collective bargaining agreement was posted in at least two conspicuous places in the establishment or establishments concerned for at least five days before its ratification (*Part II of the Form*)
 - [] 4. A statement that the collective bargaining agreement was ratified by the majority of the employees in the bargaining unit of the employer or employers concerned (*Part II of the Form*)
 - [] 5. List of employees/members with corresponding signatures who ratified the CBA.
- No other document shall be required in the registration of collective bargaining agreement other than the above-stated requirements.*

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B. Verification (Processor to verify with the records on file with BLR and RO)

Verified/checked that the labor organization/union is a registered labor union and a recognized or certified bargaining agent in the bargaining unit.

C. Payment of Registration Fee

Registration Fee paid under O.R. No. _____ Date _____

Registration Fee not paid

D. Recommendation on the Application:

Recommending issuance of CBA certificate of registration considering that the applicant has complied with all the documentary requirements.

Recommending that a notice to be issued for completion of the lacking requirements/certification under oath/registration as a labor organization

Recommending denial due to failure to comply with documentary/certification requirements within ten days from receipt of notice

Processor
(Signature over printed name)

Date

Part IV. Approval/Denial

Approval of the CBA certificate of registration

Notification for completion/compliance of lacking requirements

For signature of the notice of denial.

Recommended by:

Division Chief

Date

Approved for release:

Director

Date