

**GENERAL INFORMATION**

1. Name of Applicant-Firm/Contractor \_\_\_\_\_
2. Type of Firm:  
☐ Single Proprietor  
☐ Corporation  
☐ Partnership  
☐ Cooperative  
☐ Joint Venture
3. Business Address/Tel. and Fax Numbers/E-mail Address  

Main Office	Branch Office (if any)
Address: _____	_____
_____	_____
_____	_____
_____	_____
Tel No/: _____	
Cel No : _____	
_____	
Fax No : _____	
_____	
E-mail : _____	
_____	
4. Taxpayer Identification Number : \_\_\_\_\_  
of the Company
5. Government Issued ID and Number of Authorized Representative: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name of Authorized Signing Official\_\_\_\_\_  
Designation

DATE OF OPENING OF BID: \_\_\_\_\_

**ANNEX 1**

**EQUIPMENT REQUIREMENT**

(Owned or Leased)

Name of Project : \_\_\_\_\_

\_\_\_\_\_

Item No.	DESCRIPTION	No. of Unit	Owned / Leased
1	Air Compressor (250cfm)	1	Owned
2	Jack Hammer	1	Owned
3	Vibratory Plate Compactor (5hp)	1	Owned
4	Crawler Crane (30T minimum)	1	Owned
5	Clampshell, Bucket or Cable for Tying	1	Owned
6	Water Truck (1000gal) with Pump	1	Owned
7	Concrete Mixer One (1) Bagger	1	Owned
8	Concrete Vibrator, 3.5hp	1	Owned
9	Cargo Truck (5T)	1	Owned
10	Concrete Screeder	1	Owned
11	Concrete Cutter, 5hp	1	Owned
12	Backhoe (0.52cu.m. 90hp)	1	Owned/Leased
13	Payloader (1.06 cu.m., 80hp)	1	Owned/Leased
14	Road Grader (125hp)	1	Owned/Leased
15	Road Roller (12.05T/130hp vibratory)	1	Owned/Leased
16	Deck Barge (600T DWT)	1	Owned/Leased
17	Tugboat (500hp)	1	Owned/Leased

**ANNEX 2**

**ENVIRONMENTAL, SAFETY AND HEALTH REQUIREMENTS**

Name of Project : \_\_\_\_\_

\_\_\_\_\_

**A. EQUIPMENT / MATERIALS:**

- |   |           |
|---|-----------|
| 1. Safety Gears (Helmets, Shoes, Belts, Gloves, etc.)                   | : 1.0 Lot |
| 2. Safety Devices (barricades, warning signs & other appropriate tools) | : 1.0 Lot |
| 3. Medical and First Aide System  | : 180 CD  |

**B. LABOR**

- |                               |          |
|-------------------------------|----------|
| 1 - Safety Engineer / Officer | : 180 CD |
|-------------------------------|----------|

MANPOWER SCHEDULE

Name of Project : \_\_\_\_\_

\_\_\_\_\_

MANPOWER (Minimum)	Contract Duration (Calendar Days)									
	MONTHLY									
Project Manager										
Project Engineer										
Materials Engineer										
Construction Safety and Health Officer										
General Foreman										
Specify Other Applicable Positions, etc.										

(Authorized Signing Official)

Signature

EQUIPMENT UTILIZATION SCHEDULE

Name of Project: \_\_\_\_\_

\_\_\_\_\_

Item No.	DESCRIPTION	No. of Units	Owned / Leased	Contract Duration (Calendar Days)					
				MONTHLY					
1.									
2.									
3.									
4.									

(Authorized Signing Official)

Signature