

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 Aid 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