

**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 : \_\_\_\_\_

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**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)									
	M O N T H L Y									
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