

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	Concrete Mixer (1-bagger)	1	Owned
2	Concrete Vibrator (3.5 hp)	1	Owned
3	Bar Cutter (Electric, 25mm Ø Min)	1	Owned
4	Bar Bender (Electric, 25mm Ø Min)	1	Owned
5	Concrete Cutter, 5HP	1	Owned
6	Wheel Mounted Backhoe(0.40 cu.m.,95HP) with Breaker	1	Owned
7	Dump Truck (6 cu.yd.)	1	Owned
8	Truck Mounted Crane, 35T	1	Owned
9	Boom Truck (5T)	1	Owned
10	Jackhammer w/ Compressor, 350cfm	1	Owned
11	Oxy-Acetylene Cutting Outfit	1	Owned
12	Welding Machine (400A)	1	Owned
13	Electric Grinder	1	Owned

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 : 270 CD

B. LABOR

- 1 - Safety Engineer / Officer : 270 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