

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 | Backhoe (0.52cu.m. 90hp) | 1 | Owned |
| 8 | Backhoe (0.40cu.m. 91hp) | 1 | Owned |
| 9 | Payloader (1.06 cu.m., 93hp) | 1 | Owned |
| 10 | Road Grader (125hp) | 1 | Owned |
| 11 | Road Roller (10T/130HP vibratory) | 1 | Owned |
| 12 | Water Truck (16,000 liters) with pump | 1 | Owned |
| 13 | Dump Truck (6 cu.yd.) | 1 | Owned |
| 14 | Truck Mounted Crane, 35T | 1 | Owned |
| 15 | Truck Mounted Crane, 5T | 1 | Owned |
| 16 | Crawler Crane (36T) | 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 : 210 CD

B. LABOR

- 1 - Safety Engineer / Officer : 210 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. | | | | | | | | | |
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(Authorized Signing Official)

Signature