

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 Cutter (5hp)	1	Owned/Leased
2	Jackhammer with Compressor, 35cfm	1	Owned/Leased
3	Oxy/Acetylene Cutting Outfit	1	Owned/Leased
4	Concrete Mixer (1 bagger)	1	Owned/Leased
5	Concrete Vibrator (3.5hp)	1	Owned/Leased
6	Bar Cutter (25mm bar dia. max)	1	Owned/Leased
7	Bar Bender (25mm bar dia. max)	1	Owned/Leased
8	Welding Machine	1	Owned/Leased
9	Electric Drill	1	Owned/Leased
10	Electric Grinder	1	Owned/Leased
11	Electric Cutting Wheel	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 : 90 CD

B. LABOR

- 1 - Safety Engineer / Officer : 90 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