

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)									
	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