

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	Manlift Crane	1	Owned/Leased
2	Cargo/Elf Truck (2-5Tcapacity)	1	Owned/Leased
3	Concrete Saw (Cutting Depth=1' 1/16")	1	Owned/Leased
4	Jackhammer w/ compressor, 350cfm	1	Owned/Leased
5	Truck Mounted Crane, 35T	1	Owned/Leased
6	Welding Machine (400A)	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 : 150 CD

B. LABOR

- 1 - Safety Engineer / Officer : 150 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