

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	Air Compressor (250cfm)	1	Owned
2	Jack Hammer	1	Owned
3	Dump Truck (8.00 Cu M)	1	Owned
4	Vibratory Plate Compactor (5hp)	1	Owned
5	Concrete Cutter, 5hp	1	Owned
6	One Bagger Concrete Mixer	1	Owned
7	Concrete Vibrator, 3.5hp	1	Owned
8	Water Truck (1000gal) with Pump	1	Owned
9	Cargo Truck (5T)	1	Owned
10	Concrete Screeder	1	Owned
11	Welding Machine (500amp)	1	Owned
12	Bar Cutter (Electric, 25mm Ø Min)	1	Owned
13	Bar Bender (Electric, 25mm Ø Min)	1	Owned
14	Oxy/Acetylene Cutting Outfit	1	Owned
15	Backhoe (0.52cu.m. 90hp)	1	Owned/Leased
16	Crawler Crane (30T minimum)	1	Owned/Leased
17	Clampshell, Bucket or Cable for Tying	1	Owned/Leased
18	Payloader (1.06 cu.m., 80hp)	1	Owned/Leased
19	Road Grader (125hp)	1	Owned/Leased
20	Road Roller (12.05T/130hp vibratory)	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 : 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.									

(Authorized Signing Official)

Signature