

**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	Wheel Mounted Backhoe (0.40 cu.m.,95HP) with breaker	1	Owned
2	Dumptruck (6 cu.yd.)	1	Owned
3	Cargo/Elf Truck(2-5 T)	1	Owned
4	Chipping Gun	1	Owned
5	Concrete Cutter, 5HP	1	Owned
6	Oxy/Acetylene Cutting Outfit	2	Owned
7	Backhoe (0.40cu.m.)	1	Owned
8	Vibratory Plate Compactor (300mm-400mm width)	1	Owned
9	Concrete Mixer (1-bagger)	2	Owned
10	Concrete Vibrator (3.5 hp)	2	Owned
11	Bar Cutter (25mm bar dia. max)	1	Owned
12	Bar Bender (25mm bar dia. max)	1	Owned
13	Welding Machine (400A)	2	Owned
14	Jackhammer w/ compressor, 350cfm	1	Owned
15	Compressor with Spray Gun	1	Owned
16	Cut-off machine	1	Owned
17	Road Roller (10T/130HP vibratory)	1	Owned/Leased
18	Truck Mounted Crane, 5T	1	Owned/Leased
19	Truck Mounted Crane, 10T	1	Owned/Leased

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## ANNEX 2

### ENVIRONMENTAL, SAFETY AND HEALTH REQUIREMENTS

Name of Project : \_\_\_\_\_

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**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  | : 240 CD  |

**B. LABOR**

- |                               |          |
|-------------------------------|----------|
| 1 - Safety Engineer / Officer | : 240 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