

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

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 | : 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