

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	Gas Torch	2	Owned
2	Gas Tank with Gas	2	Owned
3	Electric Drill	2	Owned
4	Concrete Mixer (One Bagger)	2	Owned
5	Pick-up Truck	1	Owned
6	Manlift Crane	1	Owned
7	Road Roller (6.35T vibratory)	1	Owned
8	Vibratory Plate Compactor (300-400mm width)	1	Owned
9	Payloader (1.06 cu.m.,93hp)	2	Owned
10	Backhoe (0.40cu.m., 91hp)	1	Owned
11	Concrete Vibrator, 3.5hp	2	Owned
12	Bar Cutter (25mm bar dia. max)	2	Owned
13	Bar Bender(25mm bar dia. max)	1	Owned
14	Welding Machine	1	Owned
15	Chipping Gun	2	Owned
16	Jackhammer w/ compressor, 350cfm	1	Owned
17	Concrete Cutter, 5hp	1	Owned
18	Concrete Transit Mixer (5.0 cu.m.)	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 : 180 CD

B. LABOR

- 1 - Safety Engineer / Officer : 180 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