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: _____

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ANNEX 1

EQUIPMENT REQUIREMENT

(Owned or Leased)

Name of Project : _____

_____

Item No.	DESCRIPTION	No. of Unit	Owned / Leased
1	Electric Grinder	1	Owned
2	Oxy-Acetylene Cutting Outfit	1	Owned
3	Jackhammer w/ compressor, 350cfm	1	Owned
4	Chipping Gun	1	Owned
5	Boom Truck (5T)	1	Owned
6	Dump Truck (3.0 cu. yd)	1	Owned
7	Scaffoldings	1	Owned
8	Bar Bender (32mm bar dia. max)	1	Owned
9	Bar Cutter (32mm bar dia. max)	1	Owned
10	Welding Machine	2	Owned
11	Concrete Vibrator, 3.5hp	1	Owned
12	Concrete Transit Mixer (5.0 cu.m.)	1	Owned
13			
14			
15			
16			

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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

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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

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EQUIPMENT UTILIZATION SCHEDULE

Name of Project: _____

_____

Item No.	DESCRIPTION	No. of Units	Owned / Leased	Contract Duration (Calendar Days)					
				MONTHLY					
1.									
2.									
3.									
4.									

PMO MINDORO

(Authorized Signing Official)

Signature