

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. _____

APPLICATION FOR REGISTRATION

PART I. INFORMATION ABOUT THE APPLICANT ORGANIZATION: (To be accomplished by the applicant. Supply all required information. Misrepresentation, false statement or fraud in this application or in any supporting documents is a ground for denial or cancellation of registration.)		Date Accomplished:	
Name of Applicant Organization			
Address		Place/s of Operation of Union	
Name of President (Last)(First Name)(Middle)		Address	
Date of Organized(Day)(Month)(Year)		Date of CBL Ratification (If Ratification was done on successive dates, state dates of ratification.)	
Fiscal Period <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year (Pls. Specify)_____		Status of Finances <input type="checkbox"/> w/ Financial Report <input type="checkbox"/> w/o Financial Report	
Name of Establishment	Address	Industry Classification (Pls. Refer to PSC in the LRD)	Product Line
No. of Employees			
Establishment / Company Male__ Female__	Bargaining unit Male ____ Female__	Union Members Male__ Female__	
Description Of the Bargaining Unit(Check all appropriate boxes)			
Composition: <input type="checkbox"/> Supervisory <input type="checkbox"/> Rank and File			
Structure: <input type="checkbox"/> Employer Unit <input type="checkbox"/> Occupational Unit			
Sectoral Classification : <input type="checkbox"/> Industry <input type="checkbox"/> Services <input type="checkbox"/> Agriculture			
Occupational Classification:			
<input type="checkbox"/> Technical <input type="checkbox"/> Administrative <input type="checkbox"/> Faculty			
<input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing <input type="checkbox"/> Sales / Marketing			
Mode of Payment of Wages:			
<input type="checkbox"/> Monthly-paid <input type="checkbox"/> Daily-paid <input type="checkbox"/> Hourly-paid <input type="checkbox"/> Task/"pakiao" <input type="checkbox"/> Commission			
I attest to the truth of the foregoing.			
		_____ Authorized Representative/Position in the Union (Signature over printed name)	
SUBSCRIBED AND SWORN TO before me at _____, Philippines this ___ day of ___ 200___, by _____ with Community Tax Certificate No. _____ issued at _____ on _____			
NOTARY PUBLIC			
Doc. No. Page no. Book no. Series of 200__			

PART II. PROCESSING OF REQUIREMENTS (To be accomplished by the processor in the RO)	Date Received:	
<p>A. Checklist of Documents. All Documents shall be certified under oath by the Secretary of Treasurer as the case may be and attested to by the President. Documents not so certified and attested shall not be considered as compliance.</p> <p><input type="checkbox"/> 1. Name of the organization's office and their respective addresses</p> <p><input type="checkbox"/> 2. Approximate number of employees in the bargaining unit where it seeks to operate with a statement that it is not reported as a chartered local of any federation or national union .</p> <p><input type="checkbox"/> 3. Minutes of the organizational meeting/s</p> <p><input type="checkbox"/> 4. List of the members who participated in the organizational meeting/s</p> <p><input type="checkbox"/> 5. Names of all its members comprising at least twenty percent (20%) of the employees in the bargaining unit.</p> <p><input type="checkbox"/> 6. Annual financial reports if the applicant organization has been in existence for less than one year or more.</p> <p><input type="checkbox"/> 7. Financial report not required because applicant organization has been in existence for less than one year or has not collected any amount.</p> <p><input type="checkbox"/> 8. Constitution and by-laws accompanied by the names and signatures of ratifying members.</p> <p><input type="checkbox"/> 9. Minutes of adoption or ratification of the constitution and by-laws and date/s when ratification was made.</p> <p><input type="checkbox"/> 10. Minutes of adoption or ratification is not required if it is done simultaneously with the organizational meeting and the same is reflected in the minutes of the organizational meeting.</p> <p>All documents supporting the application for registration shall be submitted in triplicate: One original and two duplicate copies:</p> <p>B. Payments of Registration Fee</p> <p><input type="checkbox"/> Registration Fee paid under O.R. No. _____ Date _____</p> <p><input type="checkbox"/> Registration Fee not paid</p> <p>C. Recommendation on the Application:</p> <p><input type="checkbox"/> Recommending Approval with Certificate of Registration attached</p> <p><input type="checkbox"/> Recommending Denial due to failure to comply with documentary requirements (Pls. specify lacking documents)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p style="text-align: right;">By: _____ Processor (Signature over printed name)</p> <p style="text-align: right;">Date: _____</p>		
PART III. ACTION ON THE APPLICATION		
<p>A. Approved / Denial</p> <p><input type="checkbox"/> Approved for Registration with duly signed Certificate of Registration attached</p> <p><input type="checkbox"/> Registration denied, with duly signed Notice of Denial</p> <p>Respectfully endorsed to the Director</p> <p><input type="checkbox"/> For approval of the Certificate of Registration</p> <p><input type="checkbox"/> For approval of Notice of Non-Compliance</p> <p style="text-align: center;">_____ Chief Labor & Employment Officer</p> <p style="text-align: right;">_____ Date</p> <p>Approved for release. _____</p> <p style="text-align: center;">_____ Regional Director</p> <p style="text-align: right;">_____ Date</p>		
Registration Certificate No.	Date Issued:	Date Released: