

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

**APPLICATION FOR REGISTRATION**

<b>PART 1. INFORMATION ABOUT THE APPLICANT ASSOCIATION</b> To be accomplished by the applicant. Supply all required information. Misrepresentation, false statement or fraud in this applicant or in any supporting document is a ground for denial or cancellation of registration.		Date Accomplished:
Name of Applicant Association	Address	
Name of President (Last) (First) (Middle)	Address	
Date Organized (Day) (Month) (Year)	Date of CBL Ratification (If ratification was done on successive dates, state dates of ratification.)	
Place/s of Operation	No. of Members _____ Male _____ Female _____	
Occupation of Members. Please check appropriate category. <input type="checkbox"/> Agricultural workers (<> farmers <> fisherfolk <> artisans <> others _____) <input type="checkbox"/> Small transport workers (drivers <> jeepney <> FX <> tricycle <> pedicab) <input type="checkbox"/> Homebased/ Homeworkers <input type="checkbox"/> Small construction workers <input type="checkbox"/> Vendors (<> market <> sidewalk <> ambulant <input type="checkbox"/> Small-scale miners <input type="checkbox"/> Others/Own-Account, Pls. specify _____		
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	
I attest to the truth of the foregoing.		
_____ Authorized Representative / Position in the Association (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 _____.		
<b>NOTARY PUBLIC</b>		
Doc No. Page No. Book No. Series of 200_____		

