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**CHECKLIST FOR ISSUANCE OF CERTIFICATE OF REGISTRATION PURSUANT TO
 DEPARTMENT ORDER NO. 174, SERIES OF 2017
 (Job Contractor/Sub-Contractor)**

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SINGLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COOPERATIVE
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NEW	RENEWAL
<p>A. Four (4) copies of duly accomplished Application Form (TIN required) with attached Proof of compliance with substantial capital requirement as defined in Section 3 (I)</p> <p>B. Any of the following:</p> <p><input type="checkbox"/> Certified True Copy of the Certificate of Registration from SEC, along with the Articles of Incorporation for Corporations/Partnerships</p> <p><input type="checkbox"/> Certified Copy DTI Registration Certificate for Single Proprietorship</p> <p><input type="checkbox"/> Certified True Copy of the Certificate of Registration from CDA for Cooperatives</p> <p><input type="checkbox"/> Certified copy of Registration from DOLE if the applicant is a union</p> <p>C. Certified True Copy of License or Business Permit/Mayor's Permit issued by the Local Government Unit where the contractor operates</p> <p>D. Copy of the duly audited financial statement, for Corporation or Partnership, Cooperative or Union; or copy of the latest Income Tax Return (ITR), for sole proprietorship.</p> <p>E. A sworn disclosure that the registrant, its officers and owners or principal stockholders or any one of them, has not been operating or previously operating as a contractor under a different business name or entity or with pending cases of violations of these rules and/or labor standards, or with cancelled registration. In case any of the foregoing has a pending case, a copy of the complaint and the latest status of the case shall be attached.</p> <p>F. Certified listing with proof of ownership or lease contract of facilities, tools equipment, premises implements, machineries and work premises, that are actually and directly used by the contractor in the performance of the job, work or service contracted out.</p> <p>G. Photo of the office and premises where the contractor holds office.</p> <p>H. Certificate of attendance to Orientation Seminar</p>	<p><input type="checkbox"/> Four (4) copies of duly accomplished Application Form (TIN required)</p> <p><input type="checkbox"/> Copies of updated requirements pursuant to Section 15 of D.O. 174 (A to E of this checklist) shall be attached including the following:</p> <ul style="list-style-type: none"> • Certificate of membership and proof of payment of SSS, PhilHealth, BIR, ECC and Pag-ibig contributions for the last three (3) years, as well as loan amortizations; and • Certificate of no pending labor standard violation case/s with the National Labor Relations Commission (NLRC) and **Department of Labor and Employment (DOLE) <p>** DOLE Clearance (Certificate of No Pending Case)</p> <ul style="list-style-type: none"> • Application for Clearance/Request Form or letter request indicating the purpose • Identification Card of the requesting party <p><input type="checkbox"/> Copy of previous Certificate of Registration</p> <p><input type="checkbox"/> Proof of submission of Contractor's/Sub-Contractor's semi-annual reports.</p>

NOTE: SUBMIT FOUR (4) SETS OF REQUIREMENTS FASTENED IN A BROWN LONG FOLDER. DO NOT PUT ANY LABEL OR MARKINGS IN THE FOLDER

APPLICATION WITH INCOMPLETE REQUIREMENTS WILL NOT BE ACCEPTED