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D.O. 174 PROCESSING AND EVALUATION SHEET

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SINGLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COOPERATIVE
Business Name:			
Business Address:			
Telephone No.	Fax:	TIN Number:	
Nature of Business:			
Registration Certificate No.	Issued on:	Validity:	

NEW	
<input type="checkbox"/>	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)
Any of the following:	
<input type="checkbox"/>	Certified True Copy of the Certificate of Registration from SEC, along with the Articles of Incorporation for Corporations/Partnerships
<input type="checkbox"/>	Certified Copy DTI Registration Certificate for Single Proprietorship
<input type="checkbox"/>	Certified True Copy of the Certificate of Registration from CDA for Cooperative
<input type="checkbox"/>	Certified copy of Registration from DOLE if the applicant is a union
<input type="checkbox"/>	Certified True Copy of License or Business Permit/Mayor's Permit issued by the Local Government Unit where the contractor operates
<input type="checkbox"/>	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.
<input type="checkbox"/>	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
<input type="checkbox"/>	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.
<input type="checkbox"/>	Photo of the office and premises where the contractor holds office.
<input type="checkbox"/>	Certificate of attendance to Orientation Seminar

RENEWAL	
<input type="checkbox"/>	Four (4) copies of duly accomplished Application Form (TIN required)
Copies of updated requirements pursuant to Section 15 of D.O. 174 (A to E of this checklist) shall be attached including the following:	
<input type="checkbox"/>	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
<input type="checkbox"/>	Certificate of no pending labor standard violation case/s with the National Labor Relations Commission (NLRC) and **Department of Labor and Employment (DOLE)
** DOLE Clearance (Certificate of No Pending Case)	
<input type="checkbox"/>	Application for Clearance/Request Form or letter request indicating the purpose
<input type="checkbox"/>	Identification Card of the requesting party
<input type="checkbox"/>	Copy of previous Certificate of Registration
<input type="checkbox"/>	Proof of submission of Contractor's/Sub-Contractor's semi-annual reports.

VERIFICATION OF COMPANIES COMPLIANCE TO MANDATORY REMITTANCE/PAYMENTS			
	SSS		PHILHEALTH
	HDMF		BIR

EVALUATED BY:			
FO Technical Staff	Date	Remarks	
REVIEWED BY:			
		<input type="checkbox"/> for approval	<input type="checkbox"/> for denial
FO HEAD	Date	Recommendation	
CERTIFICATE PREPARED BY:		CERTIFICATE REVIEWED BY:	
TSSD Technical Staff	Date	TSSD Chief	Date
<input type="checkbox"/> APPROVED	<input type="checkbox"/> FOR FURTHER VERIFICATION	<input type="checkbox"/> DENIED	
Regional Director			Date