

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
REGIONAL OFFICE NO. I
City of San Fernando, La Union

Registry of Establishments

1a. Business Name: _____		EIN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Registered Name: _____									
1c. Tax Identification Number (TIN): _____									
2. Address: _____		Province		Zip Code		GEO CODE			
<i>Floor/Bldg No./Street/Subdivision Barangay/City/Municipality</i>									
3. Telephone No.	4. Fax No.	5. Email Address:							
6. Name of Manager/Owner: _____									
7. Main Economic Activity: _____		Major Products/Goods or Services: _____		PSIC Code		<input type="checkbox"/>			
8. Legal Organization (Check appropriate box)		9. Economic Organization (Check appropriate box)							
<input type="checkbox"/> Single Proprietorship		<input type="checkbox"/> Single Establishment							
<input type="checkbox"/> Partnership		<input type="checkbox"/> Branch only							
<input type="checkbox"/> Government Corporation		<input type="checkbox"/> Establishment and main office							
<input type="checkbox"/> Private Corporation		<input type="checkbox"/> Main Office only							
<input type="checkbox"/> Others, specify _____		<input type="checkbox"/> Ancillary unit (except main office)							
10. Total Employment: _____		Regular: _____		Non-Regular: _____					
Male: _____		Alien Workers: _____		Minors: Below 15 years old: _____		15-below 18 years old: _____			
Female: _____									
11. Name and Address of Labor Union, if any _____									
<i>Floor/Bldg.No./Street/Subdivision</i>		<i>Barangay/City/Municipality</i>		<i>Province</i>		<i>Zip Code</i>		<i>BLR Registration No.</i>	
12. Total Number of Subcontractors: _____		13. Total Number of Subcontracted Employees: _____							
14. Technical Information (Check and enumerates as applicable)									
<input type="checkbox"/> Machinery, Equipment and Other Devices in Use									
<input type="checkbox"/> Circular saw <input type="checkbox"/> Machine drill press <input type="checkbox"/> Boiler <input type="checkbox"/> Pressure vessel <input type="checkbox"/> Internal combustion engine									
<input type="checkbox"/> Others, specify _____									
<input type="checkbox"/> Materials Handling Equipment									
<input type="checkbox"/> Power trucks <input type="checkbox"/> Hand trucks <input type="checkbox"/> Conveyors <input type="checkbox"/> Forklift <input type="checkbox"/> Cranes <input type="checkbox"/> Others, specify _____									
<input type="checkbox"/> Chemical or Substances Used or Handled _____									
For Updating purposes, accomplish also:									
15. If name of establishment has been changed, state former name: _____									
16. If location of establishment has been changed, state former address: _____									
<i>Floor/Bldg. No./Street/Subdivision</i>		<i>Barangay/City/Municipality</i>		<i>Province</i>		<i>Zip Code</i>		GEOCODE	

CERTIFICATION

This is to certify as to the accuracy of the data provided in this form.		
Name/Signature of Person Accomplishing the Form: (Owner of establishment)		
Position	Fax No.	
Telephone No.:	Email address:	
Date Filed: _____	Date Approved: _____	Approved by: HENRY JOHN S. JALBUENA
		Regional Director

bing/registry of establishment