



Republic of the Philippines
Department of Labor and Employment
MIMAROPA REGION

3rd Floor CONFIL Bldg., Roxas Drive cor Sampaguita St.,
Lumbangbayan, Calapan City, Oriental Mindoro
Tel. Nos. (043) 288-2080, (043) 288-2078

Registry of Establishment

1a. Business Name: _____				
1b. Registered Name: _____			EIN <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>	
1c. Tax Identification Number(TIN): _____				
2. Address:				<table border="1" style="width: 100px; height: 20px;"></table> GEOCODE
2a. Main Office _____		_____	_____	_____
<small>Floor/Bldg. No./Street/Subdivision</small>		<small>Barangay/City/Municipality</small>	<small>Province</small>	<small>Zip Code</small>
2b. Branch Office _____		_____	_____	_____
<small>Floor/Bldg. No./Street/Subdivision</small>		<small>Barangay/City/Municipality</small>	<small>Province</small>	<small>Zip Code</small>
				<table border="1" style="width: 100px; height: 20px;"></table> GEOCODE
3. Telephone No. _____		4. Fax No. _____		5. E-mail Address: _____
6. Name of Manager/Owner: _____				
7. Main Economic Activity: _____				PSIC: <table border="1" style="display: inline-table; width: 50px; height: 20px;"></table>
Major Product/Goods or Services: _____				
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"/> Other, specify _____			<input type="checkbox"/> Ancillary unit (except main office)	
10. Total Employment: _____ Regular: _____ Non-Regular: _____				
Male: _____		Alien Workers: _____		Minors: Below 15 years old: _____
Female: _____		15 – Below 18 years old: _____		
11. Name and Address of Labor Union, if any _____				
<small>Floor/Bldg. No./Street/Subdivision</small>		<small>Barangay/City/Municipality</small>	<small>Province</small>	<small>Zip Code</small>
<small>BLR Registration No.</small>				
12. Total Number of Subcontractors: _____			13. Total Number of Subcontracted Employees: _____	
14. Technical information (Check and enumerate 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: _____				<table border="1" style="width: 100px; height: 20px;"></table> GEOCODE
<small>Floor/Bldg. No./Street/Subdivision</small>		<small>Barangay/City/Municipality</small>	<small>Province</small>	<small>Zip Code</small>

C E R T I F I C A T I O N

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.: _____		E-mail address: _____
Date Filed: _____	Date Approved: _____	Approved by: _____ (Regional Director)