



Republic of the Philippines

DEPARTMENT OF LABOR AND EMPLOYMENT SERVICES

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

Registry of Establishment

1a. Business Name: _____		EIN <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
1b. Registered Name: _____		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
1c. Tax Identification Number(TIN): _____			
2. Address:		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
2a. Main Office _____		GEOCODE	
<small>Floor/Bldg. No./Street/Subdivision</small>	<small>Barangay/City/Municipality</small>	<small>Province</small>	<small>Zip Code</small>
2b. Branch Office _____		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<small>Floor/Bldg. No./Street/Subdivision</small>	<small>Barangay/City/Municipality</small>	<small>Province</small>	<small>Zip Code</small>
		GEOCODE	
3. Telephone No. _____		4. Fax No. _____	5. E-mail Address: _____
6. Name of Manager/Owner: _____			
7. Main Economic Activity: _____			PSIC: <input style="width: 20px; height: 20px;" type="text"/>
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: _____			<input style="width: 20px; height: 20px;" type="text"/>
<small>Floor/Bldg. No./Street/Subdivision</small>	<small>Barangay/City/Municipality</small>	<small>Province</small>	<small>Zip Code</small>
GEOCODE			

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)