

Republic of the Philippines
 Department of Trade and Industry
NATIONAL CAPITAL REGION
 361 Sen. Gil Puyat Ave., Makati, Metro Manila

ORIGINAL ACCREDITATION
 (Pursuant to Presidential Decree No. 1572)

WARNING : Any false statement shall be ground for disapproval of the application or revocation of Certificate of Accreditation.

BASIC REQUIREMENTS:

- | | |
|--|---|
| 1. Copy of Comprehensive Insurance Policy & Receipt of Payment | 6. Financial Statement (Audited) |
| 2. Warranty | 7. Articles of Incorporation/Partnership (If any) |
| 3. List of Tools Equipment & Value | 8. Photos of shop -- 2 copies front and inside |
| 4. List of Shop Employees & Position(name/s of person) | 9. Shop Lay-out |
| 5. Size of Shop/Stalls | 10. Organization Chart |
| | 11. Dealership Agreement |
| | 12. Performance Bond & Receipt of Payment(Original) |

1. Business Name _____

2. Name of Applicant _____

3. Business Address _____

Telephone Number _____ TAN _____ SSS # _____

4. Sole Proprietorship Corporation Cooperative Partnership

5. Date Established _____ Capital Investment P _____

6. Size of Shop (Sq. m) _____ Size of Office _____

7. No. of Working Stalls _____ Size per stall - 12sq.m. _____

8. Service Offered : (Please check appropriate box)

- | | | |
|--|--|-------------------------------------|
| A. <input type="checkbox"/> ELECTRONICS | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> AIRCON/REF |
| B. <input type="checkbox"/> OFFICE MACHINE | <input type="checkbox"/> DATA PROCESSING EQUIPMENT | |
| C. <input type="checkbox"/> MEDICAL/DENTAL | | |

D. MOTOR VEHICLES & HEAVY EQUIPMENT:

- | | |
|---|--|
| <input type="checkbox"/> D.1. Painting | <input type="checkbox"/> D.11. Lubricating System |
| <input type="checkbox"/> D.2. Body Works | <input type="checkbox"/> D.12. Upholstery Services |
| <input type="checkbox"/> D.3. Brake System | <input type="checkbox"/> D.13. Glass Replacement & Door Repair |
| <input type="checkbox"/> D.4. Transmission - Standard | <input type="checkbox"/> D.14. Truck Rebuilding/Assembly |
| <input type="checkbox"/> D.5. Transmission - Automatic | <input type="checkbox"/> D.15. Auto Electrical Repair |
| <input type="checkbox"/> D.6. Hydraulic/Pneumatic/Air Systems | <input type="checkbox"/> D.16. Steering Mechanism |
| <input type="checkbox"/> D.7. Engine Overhauling | <input type="checkbox"/> D.17. Water Oil Fuel Pump |
| <input type="checkbox"/> D.8. Front Suspension | <input type="checkbox"/> D.18. Instrumental Panel Services |
| <input type="checkbox"/> D.9. Complete Wheel Alignment | <input type="checkbox"/> D.19. Battery Repair |
| <input type="checkbox"/> D.10. Wheel Balancing | <input type="checkbox"/> D.20. Car Accessories |

E. FOR ENGINEERING WORKS AND ENGINE SERVICES:

- | | |
|--|--|
| <input type="checkbox"/> E.1. Crankshaft Regrinding | <input type="checkbox"/> E.11. Rebatting Bearing Work |
| <input type="checkbox"/> E.2. Cylinder Reboring | <input type="checkbox"/> E.12. Brake Drum Refacing |
| <input type="checkbox"/> E.3. Camshaft & Crank Line Boring | <input type="checkbox"/> E.13. Lathe Works |
| <input type="checkbox"/> E.4. Cylinder Ridge Reaming | <input type="checkbox"/> E.14. Electric/Oxy Acetylene Welding |
| <input type="checkbox"/> E.5. Cylinder Sleeving Re-standard | <input type="checkbox"/> E.15. Cracked Cylinder Head Welding |
| <input type="checkbox"/> E.6. Cylinder Sleeving Work | <input type="checkbox"/> E.16. Hydraulic Cylinder Head Welding |
| <input type="checkbox"/> E.7. Clutch Plate/Flywheel Refacing | <input type="checkbox"/> E.17. Shaft Straightening & Aligning |
| <input type="checkbox"/> E.8. Cracked Cylinder Black Repair | <input type="checkbox"/> E.18. Propeller Balancing and Repair |
| 1. Connecting Rod Resizing | <input type="checkbox"/> E.19. Vapor Steam & Degreasing |
| 2. Piston Rehabilitation (Welding & Machining) | <input type="checkbox"/> E.20. Metalizing Work |
| <input type="checkbox"/> E.9. Cracked Valve Seats Repair | <input type="checkbox"/> E.21. Fabrication/Duplication |
| <input type="checkbox"/> E.10. Valve/Valve Seats Refacing | <input type="checkbox"/> E.22. Parts Duplication/Manufacturing |

F. SPECIFY OTHER SERVICES OFFERED ON A SEPARATE SHEET IF THERE IS ANY,

- | | Yes | No |
|-------------------------------------|--------------------------|--------------------------|
| 9. Customer's Waiting Room? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Customer's Comport Room? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Employee's Locker Room? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Employee's Comport/Shower Room? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Cashier's Booth? | <input type="checkbox"/> | <input type="checkbox"/> |

14. Do you have a vehicle reception area?
15. Do you privately own/lease parking area for furnished vehicles or for vehicles waiting for parts?
- 15.1 If so, how many can it accommodate? _____ Size _____ sq.m.
16. Parts Departments of Storeroom?
- 16.1 Inventory at cost(As of end of December preceding years), _____
17. Toolroom(Type of storage used)
18. Do you operate branches?
- 18.1 Submit list of branches with their respective location, shop layout, organization, list of service employee's, list of tools & equipment owned and used.
19. Telephone Service
- 19.1 How many locals? _____
- 19.2 Their local numbers? _____
20. Do you have areas for inflammables such as gasoline, oil, paint, etc?
21. How many life extinguishers do you normally have?
- | 21.1 What Type | Capacity | Quantity |
|----------------|----------|----------|
| A | _____ | _____ |
| B | _____ | _____ |
| C | _____ | _____ |
| ABC | _____ | _____ |
22. Do you have continous training program for your mechanics?
- 22.1 Attach outline of syllabus of training program for the current year.
23. Do you maintain guard at your shop?
- 23.1 Security Service
- 23.2 If yes, name of Agency : _____
- 23.3 Company Guards
24. Insurance Coverage for your establishment?
- 24.1 Policy Number _____ Amount of Insurance _____
- 24.2 Expiration Date _____ Type _____
- 24.3 Insurance Company _____

NOTE : COMPREHENSIVE to include damage to the establishment and damage or loss of properties accepted for repair and *submit xeroxed copy of Insurance Policy and Reciept of Payment.*

WARRANTY/UNDERTAKING

_____ warrants the quality of workmanship and process undertaken by the shop for a period of _____ days counted from the date of actual release and delivery of each and/or job order to the respective customer. The warranty does not cover damage caused by misuse, accidents, or alteration of workmanship. In addition, it is expressly understood that the shop management shall not be liable for any patent defect in the product and which is not included in the job contract.

I hereby declare that in the event of violation on our part of the above warranty as well as the rules and regulations promulgated by the Department of Trade and Industry through the Bureau of Trade Regulation and Consumer Protection (BTRCP) relative to the implementation of P.D. 1572, the same shall be ground for the cancellation of my accreditation certificate.

Proprietor/Manager

Firm Name

NOTARIAL ACKNOWLEDGEMENT

SUDCRIBED AND SWORN to before me this _____ day of _____
19____ in the city/municipality of _____ province of _____ philippines,affidavit
exhibiting to me his/her Residence Certificate Number _____ issued at _____ on _____

NOTARY PUBLIC

Until December 31, 19 _____
TAN No. _____
PTR No. _____
Date _____
Issued _____