

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. ____

APPLICATION FOR CBA REGISTRATION

INSTRUCTIONS: Parts I & II shall be accomplished by the applicant. Supply all required information.		
Part I. General Information		Date Accomplished:
A. Parties		
A.1 Name of Establishment/Company	Address	Tel. No.
A.2 Name of Union	Address	Tel. No.
Affiliation of Union, if any (State the name of the Federation/National Union)	Registration Cert. No./Cert. of Local Creation No.: Date Registered: _____ Office which Issued Registration Certificate/ Certificate of Local Creation: <input type="checkbox"/> Regional Office No. ____ <input type="checkbox"/> Bureau of Labor Relations	
A.3 Representation status acquired through: <input type="checkbox"/> Certification/Consent Election <input type="checkbox"/> Voluntary Recognition	Date certified as winner (CE): Date when VR was recorded by DOLE:	
A.4 Type of industry where the parties operate:	A.4 Product Line:	
B. Coverage of the Bargaining Unit		
B.1 Composition: <input type="checkbox"/> Supervisory <input type="checkbox"/> Rank-and-File B.2 Structure: <input type="checkbox"/> Employer Unit <input type="checkbox"/> Occupational Unit B.3 Sectoral Classification: <input type="checkbox"/> Industry <input type="checkbox"/> Services <input type="checkbox"/> Agriculture B.4 Occupational Classification: <input type="checkbox"/> Technical <input type="checkbox"/> Administrative <input type="checkbox"/> Faculty <input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing <input type="checkbox"/> Sales/Marketing B.5 Mode of Payment of Wages: <input type="checkbox"/> Monthly-paid <input type="checkbox"/> Daily-paid <input type="checkbox"/> Hourly-paid <input type="checkbox"/> Task/"pakiao" <input type="checkbox"/> Commission		
C. Number of Employees		
In the Establishment Male ____ Female ____	Bargaining Unit Male ____ Female ____	Union Members Male ____ Female ____
D. Duration/Period/Status of Agreement		
D.1 Ratification Date Ratified: Number of Ratifying Signatures:	D.2 Duration/Effectivity From: To:	D.3 Status of Agreement <input type="checkbox"/> First <input type="checkbox"/> Renegotiated* <input type="checkbox"/> Renewal <input type="checkbox"/> 1 st Renewal <input type="checkbox"/> 2 nd Renewal <input type="checkbox"/> 3 rd Renewal <input type="checkbox"/> 4 th Renewal *No registration fee for renegotiated CBA

Part II. Labor Union and Company/Employer Representatives Attestation/Certification

We, _____, President of the _____,
(Union President's Name) *(Union's Name)*
of legal age, residing at _____
(Union President's Permanent Address)
and _____, _____ of the _____
(Company Representative's Name) *(Company Designation)* *(Company's Name)*
_____ engaged in _____
(Company Name) *(Type of Industry and Product Line)*
of legal age, residing at _____
(Company Representative's Permanent Address)

after first being sworn in accordance with law, depose and say:

1. That the collective bargaining agreement was posted in two (2) conspicuous places within the premises of the establishment/company or bargaining unit, and within the place where the union seeks to operate for a period of five days, from _____ to _____;
2. That the total number of employees in the bargaining unit is _____;
3. That the CBA was supported by _____ which is more than majority of the employees/members of the bargaining unit, which fact is evidenced by the attached document containing the employees/members' names and signatures;
4. That we subscribe to this attestation/certification in compliance with Section 2, Rule XVII of Department Order No. 40, Series of 2003.

DONE this ____ day of _____, at _____.

Signature Over Printed Name
(Union President)
Com. Tax Cert. No. _____
Issued on _____
Issued at _____

Signature Over Printed Name
(Company Representative)
Com. Tax Cert. No. _____
Issued on _____
Issued at _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____ at _____
_____, the parties herein exhibiting to me their Community Tax Certificates.

NOTARY PUBLIC

Doc. No.
Page No.
Book No.
Series of 200__

Part III. Processing of Requirements

To be accomplished by the processor in the RO.

Date Received:

A. Checklist of Requirements. Documents 1-4 shall be certified under oath by the representative(s) of the employer(s) and the labor union(s) concerned. All documents shall be submitted in triplicate copies: one original copy and two duplicate copies.

1. Duly accomplished form

2. Copy of the collective bargaining agreement

3. A statement that the collective bargaining agreement was posted in at least two conspicuous places in the establishment or establishments concerned for at least five days before its ratification (*Part II of the Form*)

4. A statement that the collective bargaining agreement was ratified by the majority of the employees in the bargaining unit of the employer or employers concerned (*Part II of the Form*)

5. List of employees/members with corresponding signatures who ratified the CBA.

No other document shall be required in the registration of collective bargaining agreement other than the above-stated requirements.

B. Verification (Processor to verify with the records on file with BLR and RO)

Verified/checked that the labor organization/union is a registered labor union and a recognized or certified bargaining agent in the bargaining unit.

C. Payment of Registration Fee

Registration fee paid under O.R. No. _____ Date _____

Registration fee not paid

D. Recommendation on the Application:

Recommending issuance of CBA certificate of registration considering that the applicant has complied with all the documentary requirements

Recommending that a notice be issued for completion of the lacking requirements/certification under oath/registration as a labor organization

Recommending denial due to failure to comply with documentary/certification requirements within ten days from receipt of notice

Processor
(Signature over printed name)

Date

Part IV. Approval/Denial

Approval of the CBA certificate of registration

Notification for completion/compliance of lacking requirements

For signature of the notice of denial.

Recommended by:

Director/Head, Field Office

Date

Approved for release:

Name of Releasing Officer

Date