



Republic of the Philippines  
**DEPARTMENT OF LABOR AND EMPLOYMENT**  
Bureau of Labor Relations

**APPLICATION FOR REGISTRATION OF WORKERS' ASSOCIATION (WA)  
OPERATING IN MORE THAN ONE REGION**

**PART I. INFORMATION ABOUT THE REPORTING ORGANIZATION**

To be accomplished by the applicant. Supply all required information. Misrepresentation, false statement or fraud in this application or any supporting document is a ground for denial or cancellation of registration.

Date Accomplished (mm/dd/yyyy)

Name of Applicant Association

Address

Contact Nos.

E-mail: \_\_\_\_\_

Landline No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Name of President

(First Name)

(M.I.)

(Last Name)

Address

Contact Nos.

E-mail: \_\_\_\_\_

Landline No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Gender

Date Organized (mm/dd/yyyy)

Date of CBL Ratification (mm/dd/yyyy)

Place/s of Operation

Association Members

Male

Female

TOTAL

Name of Branches

Address

Total Members

Name of Branches	Address	Total Members

(Use additional sheet/s if necessary)

I attest to the truth of the foregoing.

\_\_\_\_\_  
President  
(Signature over printed name)

Subscribed and sworn before me at \_\_\_\_\_, Philippines,  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ with I.D. No. \_\_\_\_\_  
issued by \_\_\_\_\_ on \_\_\_\_\_.

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