



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

APPLICATION FOR REGISTRATION OF WORKER'S ASSOCIATION (WAs)

PART I. INFORMATION ABOUT THE REPORTING ORGANIZATION

Date Accomplished (mm/dd/yyyy)

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.

Name of Applicant Association

Contact Nos.

E-mail: _____

Landline No: _____

Mobile No: _____

Address

Name of President

(First Name)

(M.I.)

(Last Name)

Contact Nos.

E-mail: _____

Landline No: _____

Mobile No: _____

Address

Gender

Date Organized (mm/dd/yyyy)

Date of CBL Ratification (mm/dd/yyyy)

Place/s of Operation

No. of Association Members

Male

Female

TOTAL

Occupation of Members. *Please check appropriate category.*

- Agricultural Workers (Farmers Fisher folk Artisans Cottage Others _____)
- Small Transport Workers (Drivers: Jeepney FX Tricycle Pedicab)
- Home-based / Homeworkers
- Small Construction Workers
- Vendors (Market Sidewalk Ambulant)
- Small-scale Miners
- Others / Own-Account, Please specify _____

I attest to the truth of the foregoing.

President
(Signature over printed name)

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

NOTARY PUBLIC

Doc. No. _____

Page No. _____

Book No. _____

Series of _____