



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
 REGION VI

Document Number: FM 5.2.2-01	Revision No. 1	Effectivity Date: December 3, 2013
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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		Date certified as winner (CE):			
<input type="checkbox"/> Voluntary Recognition		Date when VR was recorded by DOLE:			
A.4 Type of industry where the parties operate:			A.5 Product Line		
B. Coverage of 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 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		Bargaining Unit		Union Members	
Male ____	Female ____	Male ____	Female ____	Male ____	Female ____
D. Duration/Period/Status of Agreement					
D.1 Ratification		D.2 Duration/Effectivity		D.3 Status of Agreement	
Date Ratified:		From:		<input type="checkbox"/> First <input type="checkbox"/> Renegotiated*	
Number of Ratifying Signatures		To:		<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

I, _____, 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's 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 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 5 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 of XVII of Department Order No. 40, Series of 2003.

DONE this ____ day of _____, at _____.

 Signature Over Printed Name
 (Union President)

 Signature Over Printed Name
 (Company Representative)

Com. Tax Cert. No. _____
 Issued On _____
 Issued At _____

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

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Part III. Processing of Requirements To be accomplished by the processor in the RO	Date Received:
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- 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 employees concerned (*Part II of the Form*)
 - 5. List of employees/members with corresponding signatures who ratified the CBA

No other documents shall be required in the registration of collective bargaining agreements 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/unions 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 denial due to failure to comply with documentary/certification requirements within ten days from receipt to notice

Processor
(signature over printed name)

Date

Part IV. Approval/Denial

- Approval of the CBA certificate of registration
- Denial of Application for CBA Registration

Field Office Head

Date

Released by:

Name of Releasing Officer

Date