

**DEPARTMENT OF LABOR AND EMPLOYMENT**

REGIONAL OFFICE No. \_\_\_\_\_

Reference Number: TCCLS115A – RO No. -**APPLICATION FORM (Form No. 1)  
TRIPARTITE CERTIFICATE of COMPLIANCE  
with LABOR STANDARDS**

(Level 1 of DOLE Incentivizing Compliance Program)

**Instruction:** This form shall be accomplished in (3) triplicate copies and shall be submitted to the concerned DOLE Regional Office together with the photocopies of documents required herein.**Name of Establishment :**

\_\_\_\_\_  
\_\_\_\_\_

(Pls. check)

**Principal Office:**  **Branch Office:**  **contractor / sub-contractor****Address:** \_\_\_\_\_

\_\_\_\_\_

**Tel. No.** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_**Industry Classification/  
Category/Product/  
Services:****Union Organized:**  
 Yes  No**Name of Union:****Name of Owner/  
President/Manager:** \_\_\_\_\_**Total Assets (as of date  
of submission):****Name of Union President:****Employment**  
(excluding workers under sub-contracting  
arrangement)**No. of Apprentices/ Learners:****Type of Workplace:**  
(Please check): non-hazardous hazardous highly hazardous

	F	M	Total
Below 15			
15-17 yrs.			
18-30 yrs.			
above 30			
Total			

**No. of Aliens Employed:****No. of Shifts:****Date of Last Inspection:****Total number of workers under sub-  
contracting arrangement, if any :** **TOTAL:** \_\_\_\_\_ **F:** \_\_\_\_\_ **M:** \_\_\_\_\_**List of sub-contractors, if any:** (Please attach the list and corresponding number of workers)

(use extra sheet if necessary)

**Submitted by:** (Authorized Establishment representative)**Name :** \_\_\_\_\_ **Date:** \_\_\_\_\_**Position :** \_\_\_\_\_ **Signature:** \_\_\_\_\_**Tel. No. :** \_\_\_\_\_**E-mail :** \_\_\_\_\_**TO BE FILLED-UP BY DOLE OFFICER**

(Upon submission of this form, please check if the form has been completely filled-up, including all the required documents/attachment)

**Attachments:** (Please attach photocopies of the following latest documents, if applicable:)

- \_\_\_ 1. Securities and Exchange Commission (SEC) Registration
- \_\_\_ 2. Department of Trade and Industry (DTI) Registration
- \_\_\_ 3. Cooperative Development Authority (CDA) Registration
- \_\_\_ 4. Business Permit
- \_\_\_ 5. Alien Employment Permit, (if any)
- \_\_\_ 6. Registration under Rule 1020 (DOLE)
- \_\_\_ 7. Registration under D.O. No. 18-A, for contractors/sub-contractor (if any)
- \_\_\_ 8. Certificate of no pending case (DOLE & NLRC)
- \_\_\_ 9. OSH Reporting requirements :
  - \_\_\_ a. Employer's Work Accident/Illness Report (DOLE/BWC/OHSD/IP-6)
  - \_\_\_ b. Health and Safety Committee Report (DOLE/BWC/OHSD/IP-5)
  - \_\_\_ c. Minutes of the Meeting of the Health & Safety Organization (latest quarterly submission)
  - \_\_\_ d. Annual Medical Report (DOLE/BWC/HSD/OH-47-A)
  - \_\_\_ e. Annual Work Accident/Illness Exposure Data Report (DOLE/BWC/OHSD/IP-6B)

**Processed by:**\_\_\_\_\_  
(Signature Over Printed Name)**Date Received:** \_\_\_\_\_**Recommended Action:** For evaluation For completion of requirements :  
(Pls. specify the incomplete requirements): \_\_\_\_\_