



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF LABOR AND EMPLOYMENT  
Regional Office No. IV-A

**NEW APPLICATION**




Please read the instructions carefully before filling up this application form.

Transaction Type	<input type="checkbox"/> Accreditation as Agent <input type="checkbox"/> Supplemental Authority to Transact <input type="checkbox"/> Registration of Employer's Authorized Representative	To avoid delay, please avoid erasures and supply all data and necessary documents.
Applicant Category:	<input type="checkbox"/> Law Office <input type="checkbox"/> Consultancy Firm <input type="checkbox"/> Employer	

**BUSINESS DETAILS**

Name of Company:		Contact Details:
Address:		Email Address:
TIN:	DTI/SEC Registration No.:	No. of Employee/s:

**PLATFORMS AND SOCIAL MEDIA ACCOUNTS**

Website (if applicable)	Mobile App:
 	 Others:

**MANAGEMENT AND STAFF**

President/Owner:	Last Name	First Name	Middle Name	Name Extension (Sr., Jr., etc)
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er		
Citizenship:	Contact Details:	Email Address:		

Name of Employee/s	Position/Designation	Contact No.	Email
1.			
2.			
3.			
4.			
5.			

\*Please continue in a separate sheet if necessary

**UNDERTAKING**

I hereby declare that I have accomplished this form to the best of my knowledge which is true and correct pursuant to the provisions of the Department Order 221-A series of 2022, the Labor Code as amended, and other pertinent laws, rules and regulations. I authorize the DOLE and/or its authorized representative to verify/validate and share with the concerned government agency/ies the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the denial of my application and/or filing of administrative/criminal case/s against me.

(Signature over Printed Name/Date)

**FOR DOLE USE ONLY**

Received By:	Reviewed By:
Name and Designation/Date	CELIA G. ARIOLA Chief, TSSD-EW
Approved By:	OR No.
EXEQUIEL RONIE A. GUZMAN Regional Director	Date of Issuance: MA. GENIE M. LAREZA Cashier

**CHECKLIST OF REQUIREMENTS**

ACCREDITATION Agents	SUPPLEMENTAL AUTHORITY TO TRANSACT Agents	REGISTRATION Employer's Authorized Representative
<input type="checkbox"/> CTC of DTI / SEC Registration and Articles of Incorporation (if applicable) <input type="checkbox"/> CTC of valid Business / Mayor's Permit <input type="checkbox"/> Notarized list of <b>three (3)</b> authorized personnel to submit the following and attached to this application: <input type="checkbox"/> NBI Clearance <input type="checkbox"/> Police Clearance <input type="checkbox"/> Photocopy of government-issued ID <input type="checkbox"/> Photocopy of Company ID <input type="checkbox"/> 2x2 ID Picture <input type="checkbox"/> Updated contact information <input type="checkbox"/> Affidavit of Undertaking	<input type="checkbox"/> Certificate of Accreditation <input type="checkbox"/> Copy of the notarized list of three (3) authorized personnel to submit the <b>photocopy (if still valid)</b> of the following and attached to this application: <input type="checkbox"/> NBI Clearance <input type="checkbox"/> Police Clearance <input type="checkbox"/> Photocopy of government-issued ID <input type="checkbox"/> Photocopy of Company ID <input type="checkbox"/> 2x2 ID Picture <input type="checkbox"/> Updated contact information <input type="checkbox"/> Affidavit of Undertaking	<input type="checkbox"/> Employer's CTC of DTI / SEC Registration and Articles of Incorporation (if applicable or no existing record with the DOLE RO) <input type="checkbox"/> CTC of valid Business / Mayor's Permit/PEZA COR (if applicable) <input type="checkbox"/> List of appointed employee/s covered by SPA of Board Resolution or Secretary's Certificate together with the following attached to this application: <input type="checkbox"/> Photocopy of government-issued ID <input type="checkbox"/> Photocopy of Company ID <input type="checkbox"/> 2x2 ID Picture <input type="checkbox"/> Updated contact information <input type="checkbox"/> Affidavit of Undertaking