



Republic of the Philippines  
Department of Labor and Employment  
DOLE Regional Office No. \_\_\_\_  
**AUTHORITY TO OPERATE BRANCH OFFICE**  
**APPLICATION FORM**

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

Transaction Type	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	To avoid delay, strictly no erasures and supply all data and necessary documents.
Type of Business Registration:	<input type="checkbox"/> Sole	<input type="checkbox"/> Partnership	

**BUSINESS DETAILS**

Name of Agency:			Contact Details:
Address of Agency:			
PEA License No.		No. of Employee/s:	Email Address:
Website (if applicable)			TIN:
Social Media Accounts:			Other/s:

Name of President/Owner:	Last Name	First Name	Middle Name	Name Extension (Sr., Jr., etc)
Contact details:				Citizenship:
Civil Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Others: _____
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Email Address:	

**COMPREHENSIVE DESCRIPTION OF OPERATION: (Please indicate if providing domestic workers or industry workers.)**

Domestic Workers  Industry

Address of Branch Office:	
Branch Office Manager:	
Other Important Details:	

**MANAGEMENT AND STAFF**

Name	Designation	Address	Contact No.	Email Address

**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 Labor Code, as amended and pertinent laws, rules and regulations. I authorize the agency head/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 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	Name and Designation/Date

Approved By:	Receipt No.: _____
Regional Director/Date	Date of Issuance: _____
	Issued by: _____

**List of Documentary Requirements**

The application for Authority to Operate Branch Office shall only be processed upon submission of the duly accomplished application form with complete requirements and payment of fees, as follows:

- Certified true copy of the valid PEA license;
- Organizational structure of the branch office, including names of manager and staff members;
- NBI clearance of the branch manager and staff members; and
- Transfer Certificate of Title or Contract of Lease