



APPLICATION FOR CERTIFICATION THAT COMPANY HAS/HAS NO PENDING CASES

(Please supply all required information. Misrepresentation, false statement or fraud in this application or in any supporting document is ground for denial/cancellation of certification.)

NAME OF COMPANY: _____

STATE FORMER NAME, IF APPLICABLE: _____

ADDRESS OF COMPANY: _____

TEL. NO.: _____ **FAX NO.:** _____ **E-MAIL:** _____

NATURE OF BUSINESS: _____

NAME OF OWNER: Mr./Mrs./Ms. _____

REASON FOR REQUEST:

 Printed Name and Signature of Applicant

 Position in the Company

 Date Filed

 TO BE FILLED UP BY THE EVALUATOR

Documents submitted:

Letter Request _____ Others, please specify _____
 Copy of Business Permit _____

Mark ✓ if company has pending case and × if company has no pending case.

CPO	LPO	BPO	RPO	QPO	TSSD LR/LS	EXECUTION	MALSU

If company has pending case:

Case Number	Office where company has pending case

Evaluated by:

 Printed Name and Signature

 Date