



Application for Accreditation of Service & Repair Enterprises (PD 1572)
Evaluation Sheet

Name of Applicant Firm : _____

Type of Entity: SP Corp. Partnership Type of Appln: New Renewal Expiry Date: Dec 31, ____

Nature of Repair Service

- | | | | |
|---------------------------------------------------------|----|-------------------------------------------------|----|
| <input type="checkbox"/> Automotive | MV | <input type="checkbox"/> Machine Shop | MS |
| <input type="checkbox"/> Heavy Equipment | HE | <input type="checkbox"/> Electrical/Electronics | EE |
| <input type="checkbox"/> Office Machine | OM | <input type="checkbox"/> Ref/Airconditioning | RA |
| <input type="checkbox"/> Data Processing Equipment | OM | <input type="checkbox"/> Medical/Dental | MD |
| <input type="checkbox"/> Right Hand Drive Repositioning | RH | | |

Star Rating : One Star Two Star Three Star Four Star Five Star

REQUIREMENTS	REMARKS
___ 1. Application Form (with Detailed Description for New)	_____
___ 2. Service Warranty/Undertaking;	_____
___ 3. Copy of Latest Accreditation Certificate (Renewal)	_____
___ 4a. SEC Registration Certificate	_____
___ 4b. Articles of Incorporation/Partnership (New)	_____
___ 4c. DTI BN Registration Certificate (Single Prop.)	_____
___ 4d. Articles of Incorporation from CDA (for cooperatives)	_____
___ 5. Organizational Chart	_____
___ 6. List of Shop Employees/Technicians & Position and Personal Data Sheet.	_____
___ 7. Valid & Relevant TESDA NC for Technical Employee/s	_____
___ 8. Certified list of trainings attended by the employees for the last two (2) years (for RAC & MAC applicants, per DAO3:2006);	_____
___ 9. List of Machineries/Equipment/Tools in Useful Condition	_____
___ 10. Shop Lay-Out/ Size of Shop/No. of Stall/s	_____
___ 11. Photos of the Shop/Office (front and inside, signages)	_____
___ 12. Sketch going to shop	_____
___ 13. a. Copy of Insurance Policy & O.R. (proof of payment of Comprehensive General Liability (CGL) insurance	_____
___ 13. b. Affidavit stating that all services and repairs are done in the client's premises (for applicants with "no shop")	_____
___ 14. Copy of Latest Audited Financial Statements	_____
___ 15. Original Copy of Dealership Agreement (five star only)	_____
___ 16. Copy of Contract of Service, if any	_____
___ 17. Original Copy of Performance Bond Policy and O.R.: (at least P50,000. 3-5 star, N & R)	_____
___ 18. Certification of no changes in items 5,6, 9, 10 & 11 (requirements should have been submitted previously)	_____
___ 19. Computation of Points for Star-rating (for >1 Star)	_____
___ 20. Filing Fee/Surcharge Paid	_____

 Account Officer/Date

I understand that the application will not be accepted if incomplete and/or inaccurate.

 Applicant/Applicant's Representative/Date

PLEASE BRING THIS EVALUATION SHEET WHENEVER YOU VISIT FTB IN CONNECTION WITH YOUR APPLICATION