

Republic of the Philippines Department of Trade and Industry

ACCREDITATION OF SERVICE & REPAIR ENTERPRISES

CHECKLIST OF REQUIREMENTS AND EVALUATION SHEET

Name of Business:					
Type of Application: D New	Renewal (Date	Expired: Dec. 31, _)		
Star Rating : Done Star	Two Star	Three Star	Four Star	Five Star	
 1. Original/e-copy n Undertaking/Warrar signatory ((Signed I SPA/Authorization; otherwise, attach S authorized signator 2. Copy of Valid Bu Proprietorship; SEC Articles of Incorp certificate of reg Registration Cer 3. Copy of Latest A 4. Copy of Organiza Position with Pers 5. Copy of valid and Certificate of Comp 6. Original/e-copy C Employees/Technic aircon); 7. Original/e-copy L 	REQUIR otarized completely by (Minimum of 90 by the proprietor for President/Managing ecretary's Certificate (); siness Name Certific certificate of Incor poration/Partnership istration and Articles tificate only, if no an ccreditation Certifica ational Chart and Lis sonal/Bio Data Shee d relevant TESDA C etency for Technica certified List of Train cians for the past 2 y	EMENTS filled out applica days) signed by t SPs, if other than g Partner for Corp e or Board/Partner cate of Registrati poration/ Partner of Corporation/ s of Cooperation/ s of Cooperation/ s of Mechanics/T ertificate (Nation I Employees); sings Attended by years (for Ref and	tion form with the owner or auth the Proprietor, poration/Partners ers' Resolution re on for Single ship and Partnership; CD For renewal- SI e in Als/APs; echnicians and al Certificate or the d Aircon, includir	horized attach ship, e: A EC 	REMARKS
 8. Original/e-copy S 9. Original/e-copy F 	thop Floor Plan/Lay whotos of the Shop/C uding the facilities and Certification (in lie d items for renewals	but/Size/No. of S Office – showing t nd/or equipment; u of items 8 and	front (with signat	ges) no	
11.a. Copy of Componenties entruand loss. Insura be on or after De insurance premi b. Original Affida premises (for appremises, in lieu c. In places whe risk due to the presenties of the pr	orehensive Insurand sted for repair or se nce coverage must ecember 31st 20	rvice against the be for one year a and Official Rece rvices and repair ct all services an). rance companies jation in the area	t, pilferage, fire, and its expiry dat eipt (proof of pay s are done in the d repairs in their s willing to under a the Director ma	flood te must yment of e clients' client's take the	
 — 13. Copy of Valid C — 14. Original copy of coverage of P50 	ealership agreement achine/Data Proces ontract of Service, ((five-star only M sing Equipment) if any); policy and officia	lotor Vehicle, Re ; al receipt with mi	nimum	

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 DTI IN CONNECTION WITH YOUR APPLICATION

For inquiries, call telephone no. (02) 8890 4892 or e-mail: fteb_blad@dti.gov.ph

FORM	Code	FM-SR-02		
	Rev.	1		
	Date	19-Dec-22		