



Republic of the Philippines  
DEPARTMENT OF LABOR AND EMPLOYMENT  
Regional Office No. \_\_\_\_

## APPLICATION FOR REGISTRATION OF WORKER'S ASSOCIATION (WAs)

### PART I. INFORMATION ABOUT THE REPORTING ORGANIZATION

Date Accomplished (mm/dd/yyyy)

To be accomplished by the applicant. Supply all required information. Misrepresentation, false statement or fraud in this application or any supporting document is a ground for denial or cancellation of registration.

Name of Applicant Association

Address

Contact Nos.

E-mail: \_\_\_\_\_

Landline No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Name of President

(First Name)

(M.I.)

(Last Name)

Address

Contact Nos.

E-mail: \_\_\_\_\_

Landline No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Gender

Date Organized (mm/dd/yyyy)

Date of CBL Ratification (mm/dd/yyyy)

Place/s of Operation

No. of Association Members

Male

Female

TOTAL

Occupation of Members. *Please check appropriate category.*

- Agricultural Workers (  Farmers  Fisher folk  Artisans  Cottage  Others \_\_\_\_\_ )  
 Small Transport Workers (Drivers:  Jeepney  FX  Tricycle  Pedicab )  
 Home-based / Homeworkers  
 Small Construction Workers  
 Vendors (  Market  Sidewalk  Ambulant )  
 Small-scale Miners  
 Others / Own-Account, Please specify \_\_\_\_\_

I attest to the truth of the foregoing.

\_\_\_\_\_  
President  
(Signature over printed name)

Subscribed and sworn to before me at \_\_\_\_\_, Philippines,  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ with I.D. No. \_\_\_\_\_  
issued by \_\_\_\_\_ on \_\_\_\_\_.

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