

The Bureau Director

Competitiveness Bureau
Department of Trade and Industry
2F HPGV Building
395 Senator Gil J. Puyat Avenue
Makati City, Philippines

Sir/Madam:

In accordance with the Republic Act No. 9184, otherwise known as the "Government Procurement Reform Act", in conjunction with the provisions of DTI Department Administrative Order (DAO) 19-01, as amended by DAO 19-10, we wish to apply for Domestic Bidder Preference on our product. We submit herewith the following information and requirements for certification.

A. APPLICANT'S INFORMATION	
1. NAME OF BUSINESS/ COMPANY:	
2. ADDRESS:	(House/ Building No./Building Name) (Street Name)
(Barangay) (City/ Municipality) (Province) (District) (Region) (Zip Code)	
3. CONTACT DETAILS:	Telephone Number. Mobile Number:
	Email Address: Fax Number:
	Social Media/ Website:
4. FORM OF ORGANIZATION	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership / Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Others (please specify):
5. INDUSTRY CLASSIFICATION	<input type="checkbox"/> Grower <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Trader (Distributor, Wholesaler, Retailer)
6. COMPANY'S CAPITALIZATION (PH Legal Tender: Currency):	<input type="checkbox"/> not more than 3 Million <input type="checkbox"/> 3,000,001 to 15 Million <input type="checkbox"/> 15,000,001 to 100 Million <input type="checkbox"/> Above 100 Million
7. ASSET SIZE (in Philippine Pesos)	<input type="checkbox"/> Less than or equal to ₱3M <input type="checkbox"/> Between ₱3M - ₱15M <input type="checkbox"/> Between ₱15M - ₱100M <input type="checkbox"/> Above ₱100M
8. EXISTENCE OF PLANTATION/ FARM / FACTORY:	<input type="checkbox"/> NONE <input type="checkbox"/> YES, Location: _____
9. TOTAL NUMBER OF EMPLOYEES	Direct hire: _____ Contractual: _____
10. BUSINESS OPERATIONS	<input type="checkbox"/> New (operation is new and will only start once bid is won) <input type="checkbox"/> For resumption (operation stopped for a while, but will resume once bid is won) <input type="checkbox"/> Continuous/Existing (operation/production is continuous) <input type="checkbox"/> Temporary/Repurposed (operation is only for a short period of time, part of the facilities will be temporarily repurposed)

B. PRODUCT SPECIFICATION (Declared specifications here will be reflected in the Certificate of Preference)		
Product Name	Brand	Type/Model/Generic
Description		
Selling Price:		
Current Production Capacity:		
Rated Production Capacity:		

IMPORTANT NOTE: The Domestic Preference Application is assessed **per good**. Thus, one certified good requires one set of application documents.

C.1. SUMMARY OF RAW MATERIALS' INFORMATION*			
Complete list of Raw Materials (Include generic name)	Name of Supplier	Place of Origin**	Percentage Cost <i>How much (in percent) does each raw material cost from the overall product price?</i>
(Local)			
1.			
2.			
3.			
4.			
5.			
		Total percentage cost of local raw materials:	
(Foreign)			
1			
2.			
3.			
4.			
5.			
		Total percentage cost of imported raw materials:	

Continue in a separate sheet if necessary

*Provide a detailed information on the suppliers on **ANNEX A and B**.
 **Information included here should be supported by the documentary proof to support place of origin, as prescribed in the documentary requirements

C.2. VALUE-ADDED COSTS Specify how much (in percent) does each of the following cost from the total expenses:			
Direct Material Cost:		Others, please specify:	
Marketing Cost:			
Labor Cost:			
Overhead Cost:		OVERALL TOTAL (should equal 100%):	

Continue in a separate sheet if necessary

D. OWNER / AUTHORIZED REPRESENTATIVE			
Name:	<div style="display: flex; justify-content: space-between; font-size: small;"> (Personal Title/ Prefix) (First) (Middle) (Last) (Suffix) </div>		
Designation:			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Social Classification:	<input type="checkbox"/> Abled <input type="checkbox"/> Differently-Abled <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Others (pls. specify):		
Contact Details:	Telephone Number:	Fax Number:	
	Mobile Number:	Email Address:	

Together with this duly accomplished application form are the required documents listed below to support our application for a Domestic Bidder Preference Certification.

- ☐ Photocopy of DTI business name registration (if sole proprietorship), or SEC certificate of registration (if corporation or partnership), or CDA registration certificate (if cooperative);
- ☐ Photocopy of Mayor's Permit;
- ☐ Photocopy of FDA registration or PS license (if applicable);
- ☐ Brochure of goods sought to be certified, indicating the brand and model / brand and generic (or any term applicable);
- ☐ Proof to support place of origin of each raw material or component that goes into every unit of the goods sought to be certified (e.g. copies of the delivery receipts issued by the supplier/s of the applicant for certification); and
- ☐ Sworn statement from the applicant as to the place of origin of each raw material or component that goes into every unit of the goods sought to be certified, and the place of manufacture of the goods sought to be certified.

UNDERTAKING

I hereby declare that all information supplied in this application are true and correct to the best of my belief and knowledge, and any false or misleading information supplied, or production of materially false or misleading document to support this application shall be a ground for the appropriate criminal, civil and/or administrative action against me.

**PRINTED NAME / SIGNATURE
OWNER/AUTHORIZED REPRESENTATIVE**

DISCLAIMER

All personal data collected herein shall be processed according to the principles and provisions of the Data Privacy Act of 2012 (DPA), its Implementing Rules and Regulations (IRR), and related issuances.