FAIR TRADE ENFORCEMENT BUREAU
Business Licensing and Accreditation Division (BLAD)
Application for Accreditation of Service and Repair Enterprises
Detailed Information about the Shop, Operation and Services

Name of Applicant Firm: ________________________________

1. Basic Information
   A. Type of Entity: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship
   B. Date established: __________________________
   C. Capital: __________________________
   D. Size of shop (sq.m.): __________________
   E. Size of office: __________________
   F. No. of working stalls: __________________
   G. Size per stall: __________________

2. Service Offered:
   A. ☐ Electronics ☐ Electrical ☐ Aircon/Refrigeration
   B. ☐ Office Machine ☐ Data Processing Equipment
   C. ☐ Medical/Dental
   D. Motor Vehicles and Heavy Equipment (check all applicable):
      ☐ D.1. Painting ☐ D.11. Lubricating System
      ☐ D.8. Front Suspension ☐ D.18. Instrumental Panel Services
   E. Engineering Works and Engine Services:
      ☐ E.5. Cylinder Sleeveing Re-standard ☐ E.15. Cracked Cylinder Head Welding
      ☐ E.7. Clutch Plate/Flywheel Refacing ☐ E.17. Shaft Straightening & Aligning
            1. Connecting Rod Resizing
            2. Piston Rehab. (Welding & Machining)
      ☐ E.10. Valve/Valve Seats Refacing ☐ E.22. Parts Duplication/Manufacturing
   F. Other Services Offered: __________________________

3. Presence of the following Office/Shop Facilities, Trainings & Insurance:
   Yes ☐ ☐ No ☐ ☐
   A. Customer’s Waiting Room?
   B. Customer’s Comfort Room?
   C. Employee’s Locker Room?
   D. Employee’s Comfort/Shower Room?
   E. Cashier’s Booth?
   F. Vehicle reception area?
   G. Owned/Leased parking area for furnished vehicles or for vehicles waiting for parts
      ☐ ☐
      G.1 If yes, how many it can accommodate? _________ Size: ________ sq.m.
   H. Parts Department of Storeroom?
      ☐ ☐
      H.1 Inventory at cost (as of end of December of the preceding year) P__________

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I. Tool Room? Type of storage used: ____________________

I.1 Submit list of branches with their respective location, shop layout, organization, list of service employees, list of tools and equipment owned and used.

J. Communication facilities: _____Telephone     _____ Fax     _____ Email

K. Areas for inflammables such as gasoline, oil, paint, etc.?

L. Fire extinguishers?

L.1 Type        Capacity   Quantity
A              ____       ____
B              ____       ____
C              ____       ____
ABC                        _______                        _______

M. Continuous Training Program for your Mechanics/Technicians?

M.1 Training Course: ___________________________ Duration: _______ (hours)

N. Security Measures?

N.1 Security Service: Name of Agency ________________________________

N.2 Company guards

O. Insurance Coverage?

O.1 Type: __________________________ Policy No.: __________________

O.2 Expiry Date: ______________________ Amount of coverage: Php________

I certify that the foregoing information are true and correct to the best of my knowledge. I understand that any false statement shall be ground for disapproval of our application or revocation of accreditation. Likewise, I understand that the information stated would be validated during inspection of our facilities/shop.

Name and Signature of the Authorized Signatory/Date

INSPECTION/INTERVIEW REPORT

Date: _______ Time: _______

A. Findings:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

B. Remarks/Recommendation:
_______________________________________________________________________
_______________________________________________________________________

Inspection Team

_________________________ (Team Leader) ___________________________ (Team Member)

CERTIFICATION

This is to certify that the FTEB Inspection Team conducted the inspection/visit on our premises on ___________ and validated the above information. Report/Information gathered during the said inspection/visit are true and correct.

Person/Official Interviewed
(Signature over printed name)

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