



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
 Regional Office No. 1

Code	FM-CPM13-05
RevNo	1
Effectivity Date	January 4, 2019
Issuance No	2



**APPLICATION FOR LICENSE TO OPERATE
 FOR PRIVATE RECRUITMENT AND PLACEMENT AGENCY**

Print Legibly. Mark appropriate boxes with

I. APPLICATION FORM

A. AGENCY INFORMATION

1. NAME OF AGENCY _____

2. ADDRESS OF AGENCY _____

3. TIN NO. _____ CONTACT INFO _____

4. CONTACT PERSON _____

5. AREAS OF OPERATION _____

6. TYPE OF BUSINESS ORGANIZATION

Sole Proprietorship Partnership Corporation

Date of Registration _____ Registration No. _____

7. COMPREHENSIVE DESCRIPTION OF OPERATION *(Identify i. e. potential client, prospective type of employee to be placed, skilled/non-skilled, classification of employee whether rank-and-file, managerial or supervisory)*

8. FINANCE

TOTAL ASSETS: _____ PAID IN-CAPITAL: _____

TOTAL LIABILITIES: _____ DATE OF STATEMENT: _____

NET WORTH: _____

9. MANAGEMENT: PRINCIPAL OFFICERS/MANAGING PARTNERS *(Attach additional sheet, if necessary)*

NAME	DESIGNATION	ADDRESS

B. AFFIDAVIT OF UNDERTAKING

That I, _____, Filipino of legal age, _____ of _____, after having been duly sworn to in accordance with law, do hereby depose and say:

- That our company shall not support or engage in acts involving illegal recruitment, trafficking in persons, violation of Anti-Child Labor Law or crimes involving moral turpitude or similar activities;
- That we will ensure that DOLE Standard Recruitment are adhered to by the parties;
- That we will not collect any fees whatsoever from the applicants;
- That we will assume full responsibility for all acts of its officers, employees and representatives in connection with recruitment and placement activities

In witness whereof, I have hereunto affixed my signature this _____ day of _____, 20 _____ in the City of _____.

Affiant's Name/Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____. Affiant exhibited his/her Community Tax No. _____ issued on _____ at _____.

Doc. No. _____;
 Page No. _____;
 Page No. _____;
 Series of 20 _____;

NOTARY PUBLIC

(Succeeding information to be filled-up by DOLE)

II. CHECKLIST OF REQUIREMENTS

DOLE RO	DOLE FO	REMARKS
<input type="checkbox"/>	<input type="checkbox"/> Accomplished Application Form and Notarized Affidavit of Undertaking	
<input type="checkbox"/>	<input type="checkbox"/> Certificate of Registration	
<input type="checkbox"/>	<input type="checkbox"/> For Sole Proprietorship, Certified copy of the Certificate of Business Registration and Certified Copy of the Application from DTI	
<input type="checkbox"/>	<input type="checkbox"/> For Partnership or Corporation, Certified Copy of the Articles of Partnership or Incorporation duly registered with the SEC	
<input type="checkbox"/>	<input type="checkbox"/> Filing fee of 5,000.00	
<input type="checkbox"/>	<input type="checkbox"/> Documentary proof of ownership (Tax declaration, CTC/Title) or lease of an office space with a floor area of at least fifty (50) square meters for the exclusive use of the agency. In case of lease, the contract must be for a period of one (1) year with an	
<input type="checkbox"/>	<input type="checkbox"/> NBI Clearance	
<input type="checkbox"/>	<input type="checkbox"/> For Sole Proprietorship, the applicant owner	
<input type="checkbox"/>	<input type="checkbox"/> For Partnership, both the partners	
<input type="checkbox"/>	<input type="checkbox"/> For Corporation, its officers and directors	
<input type="checkbox"/>	<input type="checkbox"/> Proof of designation of an Office Manager and an Office Secretary or Clerk who must be knowledgeable in the preparation and review of documents	
<input type="checkbox"/>	<input type="checkbox"/> List of representatives who must be at least college level and/or with relevant training or experience in the recruitment industry	
<input type="checkbox"/>	<input type="checkbox"/> Certificate of participation/attendance of agency's representative to a PRPA pre-application seminar.	
<input type="checkbox"/>	<input type="checkbox"/> Proof of Filipino Citizenship	
<input type="checkbox"/>	<input type="checkbox"/> For Sole Proprietorship, proof that applicant owner is a Filipino Citizen (Birth Certificate)	
<input type="checkbox"/>	<input type="checkbox"/> For partnership and corporation, proof that 75% of the authorized capital stock is owned and controlled by Filipino Citizens (May be part of the Articles of Incorporation)	
<input type="checkbox"/>	<input type="checkbox"/> Proof of compliance with minimum paid up capital/net worth of P1,000,000.00	
<input type="checkbox"/>	<input type="checkbox"/> For Sole Proprietorship, ITR/Audited Financial Statement	
<input type="checkbox"/>	<input type="checkbox"/> For partnership and corporation, Audited Financial Statement/AOI	
<input type="checkbox"/>		

III. OCULAR INSPECTION CHECKLIST AND REPORT

A. OCULAR INSPECTION CHECKLIST

Office Space

- Office Space with a floor area of at least fifty (50) square meters for the exclusive use of the agency

Note: Validate with the Notarized Contract of Lease indicating validity period, name of the agency as the lessee, complete address, office space measurement, use of premises, authorized signatories)

Facilities and Equipment

- Basic communication facilities (Telephone, fax machine, computer with internet)

- Tables and chairs (Proportionate to number of personnel and clients)

FO Staff/Evaluator

B. OCULAR INSPECTION REPORT

Date of Ocular Inspection: _____

- Adequate and appropriate office space, facilities, and equipments
- Adequate and appropriate office space; however, facilities and equipments are insufficient
- Sufficient facilities and equipment; however, inadequate office space

FO Staff/ Evaluator

IV. RECOMMENDATION IN THE APPLICATION (DOLE FIELD OFFICE)

Recommending issuance of PRPA License considering that the applicant has complied with the requirements set under Department Order 141 Series of 2014

Recommending disapproval due to failure to comply with the requirements set under Department Order 141 Series of 2014

Other Remarks:

Evaluated by

Recommend for Approval
 Issue Letter of Disapproval

FO Evaluator

FO Head

Date: _____

Date: _____

V. APPROVAL/DISAPPROVAL (Regional Office)

Recommending issuance of PRPA License considering that the applicant has complied with the requirements set under Department Order 141 Series of 2014

Recommending disapproval due to failure to comply with the requirements set under Department Order 141 Series of 2014

Other Remarks:

Evaluated by

Recommend for Approval
 Issue Letter of Disapproval

TSSD Evaluator

TSSD Head

Date: _____

Date: _____

Approved
 Disapproved

Regional Director

Date: _____

DISCLAIMER

The personal information you provided us will be used for legal or legitimate purpose only, and it will be kept, maintained and stored in DOLE database. If your personal information is used for different purpose by unauthorized person or entity without fault or negligence on the part of DOLE, it assumes neither responsibility nor liability.

In case DOLE shares your personal information for legal or legitimate purpose with any other person or entity thru Data Sharing Agreement in conformity with Data Privacy Act of 2012, and data privacy is breached without fault or negligence on the part of DOLE, it likewise assumes no responsibility.