

DTI - CAVITE PROVINCIAL OFFICE

ACCREDITATION OF SERVICE & REPAIR ENTERPRISES

CHECKLIST OF REQUIREMENTS AND EVALUATION SHEET

Name c	Name of Business:						
Type of	Applic	cation: 🛛 New	Renewal (Date)	Expired: Dec. 31, _)		
Star Ra	ting :	One Star	Two Star	Three Star	Four Star	Five Star	
	1. Orig Under signati SPA/A otherw author 2. Cop Propri Art cer 3. Cop 9. Orig 8. Orig 9. Orig 9. Orig 10. Or chang	ginal/e-copy no taking/Warrant ory ((Signed by suthorization; P vise, attach Sec rized signatory) by of Valid Busi etorship; SEC (cicles of Incorportificate of regis gistration Certi by of Latest Acc by of Organizati ition with Perso by of valid and cate of Compe ginal/e-copy Ce byees/Technicia ginal/e-copy Lis ginal/e-copy Ph d interior incluc iginally issued	REQUIR tarized completely y (Minimum of 90 of the proprietor for resident/Managing cretary's Certificate ; ness Name Certific Certificate of Incor pration/Partnership stration and Article ficate only, if no an creditation Certification and Chart and Liss onal/Bio Data Shee relevant TESDA C tency for Technication ertified List of Train ans for the past 2 y at of Shop Tools ar op Floor Plan/Lay otos of the Shop/C ling the facilities an Certification (in lie items for renewals	EMENTS filled out applicated ays) signed by the SPs, if other that a Partner for Corp e or Board/Partner or Board/Partner of Corporation/ s of Cooperation nendments made ate; st of Mechanics/T et; ertificate (Nation I Employees); nings Attended by years (for Ref and but/Size/No. of S Diffice – showing nd/or equipment; u of items 8 and	tion form with the owner or auth in the Proprietor, poration/Partners ers' Resolution re on for Single ship and Partnership; CD. For renewal- SI e in Als/APs; Fechnicians and al Certificate or / the d Aircon, includir talls/Working Ba front (with signag 9) that there are	horized attach ship, e: A EC mg auto ys; ges) no	REMARKS
	11.a. pro and be ins b. C pre c. I risl exe Additic 12. Co 13. Co 14. Or co	Copy of Comproperties entrust operties entrust on or after Decurance premiu Driginal Affidavi emises (for app emises, in lieu of n places where k due to the per emption upon s onal requirement opy of valid dea con, Office Ma opy of Valid Con iginal copy of F verage of P50,0	ehensive Insurance ed for repair or se ce coverage must cember 31st 20	rvice against the be for one year a and Official Reco rvices and repair ct all services an). rance companies Jation in the area uch circumstanc g for more than O (five-star only M sing Equipment) if any); policy and officia	It, pilferage, fire, and its expiry dat eipt (proof of pay s are done in the d repairs in their s willing to undert a the Director ma es. <i>Ine Star:</i> lotor Vehicle, Re ;	e must ment of clients' take the ay grant f and nimum	

Accreditation Officer/Date

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. (area code + tel. no.) or e-mail: (DTI Email)

RM	Code	FM-SR-02		
OR	Rev.	1		
ш	Date	19-Dec-22		