



Republic of the Philippines  
DEPARTMENT OF LABOR AND EMPLOYMENT  
NATIONAL CAPITAL REGION

**CREATION OF LOCAL/CHAPTER**

<b>PART I. INFORMATION ABOUT THE REPORTING ORGANIZATION</b> To be accomplished by the applicant. Supply all required information. Misrepresentation, false statement or fraud in this application or in any supporting document is a ground for revocation of the legal personality of the local/chapter.		Date Accomplished:	
Name of Applicant Organization			
Name of Federation/National Union		Charter Certificate No. and Date of Issuance	
Address		Place/s of Operation of Union	
Name of President (Last) (First) (Middle)		Address	
Date Organized (Day) (Month) (Year)		Date of CBL Ratification (If ratification was done on successive dates, state dates of ratification.)	
Fiscal Period [ ] Calendar Year [ ] Fiscal year (Pls. specify) _____		Status of Finances [ ] w/ Financial Report [ ] w/o Financial Report	
Name of Establishment	Address	Industry Classification (Pls. refer to PSC in the LRD)	Product Line
<b>No. of Employees</b>			
Establishment/Company	Bargaining Unit		Union Members
Male _____ Female _____	Male _____ Female _____		Male _____ Female _____
<b>Description of the Bargaining Unit (Check all appropriate boxes)</b>			
Composition: [ ] Supervisory [ ] Rank and File Structure: [ ] Employer Unit [ ] Occupational Unit [ ] Geographical Unit Sectoral Classification: [ ] Industry [ ] Services [ ] Agriculture Occupational Classification: [ ] Technical [ ] Administrative [ ] Faculty [ ] Professional [ ] Manufacturing [ ] Sales/Marketing Mode of Payment of Wages: [ ] Monthly-paid [ ] Daily-paid [ ] Hourly paid [ ] Task/"pakiao" [ ] Commission			
I attest to the truth of the foregoing. <div style="text-align: right; margin-top: 20px;">                     _____                      Authorized Representative / Position in the Union                      (Signature over printed name)                 </div>			
SUBSCRIBED AND SWORN TO before me at _____, Philippines this _____ day of _____ 200____, by _____ with Community Tax Certificate No. _____ issued at _____ on _____.			
NOTARY PUBLIC			
Doc No. Page No. Book No. Series of 20____			

<b>PART II. PROCESSING OF REQUIREMENTS</b> (To be accomplished by the processor in the RO)	<b>Date Received:</b>
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A. Checklist of Documents/Requirements. All the foregoing supporting requirements shall be certified under oath by the Secretary or the Treasurer, as the case may be, of the local/chapter and attested by its President. All documents shall be submitted in two (2) copies: one (1) original and one (1) duplicate.

- Duly accomplished form
- A Charter Certificate issued by the federation or national union indicating the creation or establishment of the local/chapter
- The names of the local/chapter's officers, their addresses, and the principal office of the local/chapter
- The local/chapter's constitution and by-laws, provided that where the local/chapter's constitution and by-laws is the same as that of the federation or national union, this fact shall be indicated accordingly.

B. Verification (Processor to verify with the records on file with BLR)

- Verified/checked that the federation or national union is a legitimate registered labor organization

C. Payment of Registration Fee

- Registration Fee paid under O.R. No. \_\_\_\_\_ Date \_\_\_\_\_
- Registration Fee not paid

D. Recommendation on the Application

- Recommending Approval with Certificate of Registration attached
- Recommending Denial due to failure to comply with documentary requirements  
 (Pls. specify lacking documents)
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

By: \_\_\_\_\_  
 Evaluator  
 (Signature over printed name)

Date \_\_\_\_\_

<b>PART III. APPROVAL/DENIAL</b>
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**A. Entry/Denial**

- Entered in the registry of legitimate labor organizations with duly signed Certificate of Registration of Local/Chapter attached
- Entry denied, with duly signed Notice of Non-Compliance

**B. Respectfully endorsed to the Director**

- For approval of Registration of Creation of Local/Chapter
- For approval of Notice of Non-Compliance

Recommended by:

\_\_\_\_\_  
 Director/Head Field Office Date \_\_\_\_\_

Approved for release.

\_\_\_\_\_  
 Name of Releasing Officer Date \_\_\_\_\_