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Republic of the Philippines
DEPARTMENT OF TRADE AND INDUSTRY
Cebu Provincial Office 3/F LDM Building, Legaspi Street, Cebu City
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ACCREDITATION SECTION
(Pursuant to Presidential Decree No. 1572)

APPLICATION FORM FOR
ACCREDITATION OF REPAIR AND SERVICES SHOPS
(Please submit one copy)

INSTRUCTION: This application must be accomplished in triplicate. Any false statement shall be a ground for disapproval of the application or revocation of Certificate of Accreditation.

TYPE OF ACCREDITATION APPLIED FOR:

BASIC REQUIREMENTS:

- FIVE STAR A SHOP MIN. 21
- FIVE STAR D SHOP MIN. 11
- FIVE STAR C SHOP MIN. 10
- FOUR STAR SHOP MIN. 20
- THREE STAR SHOP MIN. 10
- TWO STAR SHOP
- ONE STAR SHOP

1. Copy of Comprehensive Insurance Policy & Receipt of payment
2. Warranty
3. List of Tools Equipment with value
4. List of Shop employees with position
5. Size of shop/No. of Stalls
6. Articles of Inc./Partnership/SEC Registration (if any)
7. TESDA - Trade Test Certification of Chief Technician or Chief Mechanic
8. Shop Inspection

FOR STAR CLASSIFICATION:

9. Photos of shop - 2 copies front and inside
10. Shop Lay-out
11. Organizational Chart
12. Dealership Agreement
13. Performance Bond (4-5 Star)
14. Business Name/SEC Registration

1. Name of Applicant _____
Business Name _____

Business Address _____

Tel/Fax No. _____ T.I.N. _____ S.S.S No. _____

2. Single Proprietorship Corporation Cooperative Partnership
 · If Cooperative, corporation or partnership, attached Articles of Incorp/ Partnership/ Coop.

OFFICERS OF THE CORPORATION/ PARTNERSHIP/ COOPERATIVE

NAME	POSITION
_____	_____
_____	_____
_____	_____
3. Date Established _____	Capital Investment _____
4. Size of Shop (sq.m) _____	Size of Office (sq,m) _____
5. No. of Working Stalls _____	Size/Stall (sq.m) _____
6. Type of construction : Roof _____	Walls _____ Floor _____

7. Service offered : (**Please check appropriate box**)

A. FOR ELECTRONICS, ELECTRICAL, AIRCONDITIONING & REFRIGERATION

Electronics Electrical Airconditioning & Refrigeration

B. FOR OFFICE MACHINES & DATA PROCESSING EQUIPMENT

Office Machines Data processing Equipment

C. FOR MEDICAL & DENTAL

D. FOR VEHICLES AND HEAVY EQUIPMENT :

	YES	NO
D.1 Painting	<input type="checkbox"/>	<input type="checkbox"/>
D.2 Body works	<input type="checkbox"/>	<input type="checkbox"/>
D.3 Body works	<input type="checkbox"/>	<input type="checkbox"/>
D.4 transmission-Standard	<input type="checkbox"/>	<input type="checkbox"/>
D.5 Transmission-Automatic	<input type="checkbox"/>	<input type="checkbox"/>
D.6 Hydraulic/Pneumatic Air System	<input type="checkbox"/>	<input type="checkbox"/>
D.7 Engine Overhauling	<input type="checkbox"/>	<input type="checkbox"/>
D.8 Front Suspension	<input type="checkbox"/>	<input type="checkbox"/>
D.9 Complete Wheel Alignment	<input type="checkbox"/>	<input type="checkbox"/>
D.10 Wheel balancing	<input type="checkbox"/>	<input type="checkbox"/>
D.11 Lubricating System	<input type="checkbox"/>	<input type="checkbox"/>
D.12 Upholstery Services	<input type="checkbox"/>	<input type="checkbox"/>
D.13 Glass Replacement/Door Repair	<input type="checkbox"/>	<input type="checkbox"/>
D.14 Truck Rebuilding/ Assembly	<input type="checkbox"/>	<input type="checkbox"/>
D.15 Auto/Electrical Repair	<input type="checkbox"/>	<input type="checkbox"/>
D.16 Steering Mechanism	<input type="checkbox"/>	<input type="checkbox"/>
D.17 Water, Oil, Fuel Pump	<input type="checkbox"/>	<input type="checkbox"/>
D.18 Instrument Panel Services	<input type="checkbox"/>	<input type="checkbox"/>
D.19 Battery Repair	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|------|---|--------------------------|--------------------------|
| D.20 | Car Accessories | <input type="checkbox"/> | <input type="checkbox"/> |
| D.21 | Specify other services offered on a separate sheet if any | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

E. FOR ENGINEERING WORKS AND ENGINE SERVICES:

- | | YES | NO |
|--|--------------------------|--------------------------|
| E.1 Crankshaft Regrinding | <input type="checkbox"/> | <input type="checkbox"/> |
| E.2 Cylinder Reboring | <input type="checkbox"/> | <input type="checkbox"/> |
| E.3 Camshaft/Crankshaft Line Boring | <input type="checkbox"/> | <input type="checkbox"/> |
| E.4 Cylinder Ridge Reaming | <input type="checkbox"/> | <input type="checkbox"/> |
| E.5 Cylinder Sleeving Re-Standard | <input type="checkbox"/> | <input type="checkbox"/> |
| E.6 Cylinder Sleeving Works | <input type="checkbox"/> | <input type="checkbox"/> |
| E.7 Clutch Plate/ Flywheel Refacing | <input type="checkbox"/> | <input type="checkbox"/> |
| E.8 Cracked Cylinder Black Repair | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Connecting rod resizing | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Piston Rehabilitation (Welding & Machining) | <input type="checkbox"/> | <input type="checkbox"/> |
| E.9 Cracked Valve Seats Repair | <input type="checkbox"/> | <input type="checkbox"/> |
| E.10 Valve/Valve Seats Repair | <input type="checkbox"/> | <input type="checkbox"/> |
| E.11 Rebastting Beasring Work | <input type="checkbox"/> | <input type="checkbox"/> |
| E.12 Brake Drum Refacing | <input type="checkbox"/> | <input type="checkbox"/> |
| E.13 Lathe Works | <input type="checkbox"/> | <input type="checkbox"/> |
| E.14 Electric/Oxy-acetylene Welding | <input type="checkbox"/> | <input type="checkbox"/> |
| E.15 Cracked Cylinder Head Welding | <input type="checkbox"/> | <input type="checkbox"/> |
| E.16 Hydraulic Press & Puller Works | <input type="checkbox"/> | <input type="checkbox"/> |
| E.17 Shaft Straigthening and Aligning | <input type="checkbox"/> | <input type="checkbox"/> |
| E.18 Propeller Balancing and Repair | <input type="checkbox"/> | <input type="checkbox"/> |
| E.19 Vapor Steam & Degreasing | <input type="checkbox"/> | <input type="checkbox"/> |
| E.20 Metalizing Works | <input type="checkbox"/> | <input type="checkbox"/> |
| E.21 Fabrication/ Duplication | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

F. FOR OTHER SERVICES:

8. Attached list of shop equipments owed and used in shop. (State original value and current net book value of each type, such as crankshaft grinding/honing machine, reboring machine, lathe machine hydraulic press, welding equipment , etc.) Must all be in working condition

9. Do you supply own machine operators the necessary tools?
 9.1 If not explain the policy of your company with regards to this.
 Use supplemental sheet, if necessary.

10. Customer Waiting Room
11. Customer's Comport Room
12. Employees' Locker Room
13. Employees Comport/Shower Room
14. Cashier's Room
15. Do you have a vehicle reception Area
16. Do you privately own lease parking area for finished vehicles waiting parts?
 16.1 If so, how many can it accommodate? _____ Size in sq.m _____
17. Parts Department or Store Room
- 17.1 Inventory at cost (As of December of the preceding year) _____
18. Toolroom (Type of storage Used)
19. Do you operate branches
- 19.1 Submit list of branches with their respective, shop lay-out, organization, list of service employees, list of tools and equipment owed and used.

20. Do you separate areas for imflamables such as gasoline oil, paint, etc.
21. Telephone Service
- 21.1 How many are locals? _____
- 21.2 Their local numbers? _____
22. How many fire extinguishers do you normally have? _____
- 22.1 What type?

	CAPACITY	QUANTITY
Type A	_____	_____
Type B	_____	_____
Type C	_____	_____
Type ABC	_____	_____

23. Do you have continous training for your mechanics?
- 23.1 Attached outline syllabus of training program for the current year.
24. Submit list of your service shop employee from rop man to rank and file, indicating the following:
 24.1 Name, SSS and TIN 24.2 Job Description and Name of position 24.3 Salary range of each position
25. Submit copy of your official shop lay-out
 25.1 Official shop lay-out
 25.2 Two (2) photos front and inside of your entire shop and for each of your department &

sections.

26. Do you maintain guards a your shop
- 26.1 Security guards
- 26.2 If yes, name of agency _____
- 26.3 Co. guards

27. Insurance Coverage for your establishment?

27.1 Policy Number _____

27.2 Expiration Date _____

27.3 Insurance Company _____

Note: COMPREHENSIVE to include damage to the establishment and damage or less of properties accepted for repair, and submit xeroxed copy of Insurance Policy and Repair of Payment.

28. Performance Bond: (4-5 star)

28.1 Policy No. _____

28.2 Expiration Date _____

28.3 Bonding Co. _____

WARRANTY UNDERTAKING

_____ Warrants the quality of workmanship and process undertaken by the shop for a period of _____ days counted from the date of actual release and delivery of each and/or job order to the respective customer.

This warranty does not cover damage caused by misuse, accidents, or alteration of workmanship. In addition, it is expressly understood that the shop management shall not be liable for any patent defect in the product and which is not included in the job contract.

We further undertake to abide by the rules and regulation promulgated by the Bureau of Domestic Trade of the DEPARTMENT OF TRADE AND INDUSTRY (DTI) and in the event of violation on your part, our accreditation certificate of registration may be cancelled at the discretion of the Bureau of Domestic Trade.

Proprietor

Firm Name