

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.2. Body Works ☐ D.12. Upholstery Services
 ☐ D.3. Brake System ☐ D.13. Glass Replacement & Door Repair
 ☐ D.4. Transmission-Standard ☐ D.14. Truck Rebuilding/Assembly
 ☐ D.5. Transmission-Automatic ☐ D.15. Auto Electrical Repair
 ☐ D.6. Hydraulic/Pneumatic/Air Systems ☐ D.16. Steering Mechanism
 ☐ D.7. Engine Overhauling ☐ D.17. Water Oil Fuel Pump
 ☐ D.8. Front Suspension ☐ D.18. Instrumental Panel Services
 ☐ D.9. Complete Wheel Alignment ☐ D.19. Battery Repair
 ☐ D.10. Wheel Balancing ☐ D.20. Car Accessories
 E. Engineering Works and Engine Services:
 ☐ E.1. Crankshaft Regrinding ☐ E.11. Rebatting Bearing Work
 ☐ E.2. Cylinder Boring ☐ E.12. Brake Drum Refacing
 ☐ E.3. Camshaft & Crank Line Boring ☐ E.13. Lathe Works
 ☐ E.4. Cylinder Ridge Reaming ☐ E.14. Electric/Oxy Acetylene Welding
 ☐ E.5. Cylinder Sleeving Re-standard ☐ E.15. Cracked Cylinder Head Welding
 ☐ E.6. Cylinder Sleeving Work ☐ E.16. Hydraulic Cylinder Head Welding
 ☐ E.7. Clutch Plate/Flywheel Refacing ☐ E.17. Shaft Straightening & Aligning
 ☐ E.8. Cracked Cylinder Black Repair ☐ E.18. Propeller Balancing and Repair
 1. Connecting Rod Resizing ☐ E.19. Vapor Steam & Degreasing
 2. Piston Rehab. (Welding & Machining) ☐ E.20. Metalizing Work
 ☐ E.9. Cracked Valve Seats Repair ☐ E.21. Fabrication/Duplication
 ☐ 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Customer's Comfort Room? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Employee's Locker Room? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Employee's Comfort/Shower Room? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Cashier's Booth? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Vehicle reception area? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Owned/Leased parking area for furnished vehicles or for vehicles waiting for parts | <input type="checkbox"/> | <input type="checkbox"/> |
| G.1 If yes, how many it can accommodate? _____ Size: _____ sq.m. | | |
| H. Parts Department of Storeroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| H.1 Inventory at cost (as of end of December of the preceding year) P_____ | | |

- 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)