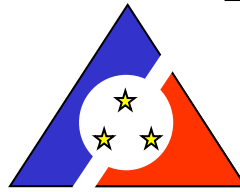


Regional Office: DOLE-NCR

Application No: _____



Application for

CONSTRUCTION SAFETY AND HEALTH PROGRAM (CSHP)

(Intended only for residential project/s (2 storey and below) or minor repair works with less than 10 workers.)

Project Name: _____

Project Complete Address/Location: _____

 Project Duration: _____ Project Start: _____ Completion Date: _____
 (No. of Calendar days) (Date of estimated start) (Date of project completion)

Estimated Project Cost: _____ Number of Workers: _____

Name of Contractor (if any): _____

Contractor's Address: _____

_____ Fax No.: _____

PCAB License No. _____ Date of Validity: _____ Email address: _____

Name of Project Owner: _____ Fax No.: _____

Project Owner Address: _____

_____ Email address: _____

Accomplished by: _____

 Signature over Printed Name
 of
 OWNER / CONTRACTOR

COMMITMENT TO COMPLY on OSH

I/We _____ and _____

(Name of Contractor's Authorized Official and/or Project Owner)

do hereby commit and bind myself to comply with the applicable provisions of the Occupational Safety and Health Standards (OSHS) and Department Order No.13 series of 1998 – Guidelines Governing Occupational Safety and Health in the Construction Industry. I/We hereby commit to implement a suitable Construction Safety and Health Program designed for the abovementioned project. I/We also acknowledge my/our responsibilities to provide the appropriate Personal Protective Equipment (PPE) and job safety and health instructions and training to all our workers during the duration of the project.

PROJECT OWNER
 Signature Over Printed Name

CONTRACTOR
 Signature Over Printed Name

(NOTE: NO FEES REQUIRED FOR APPLICATION, PROCESSING AND APPROVAL OF CSHP)