



DEPARTMENT OF LABOR AND EMPLOYMENT
Bureau of Workers with Special Concerns

CHILD LABOR-FREE ESTABLISHMENT/ZONE
APPLICATION FORM (Form No. 1)

Instruction: This form shall be accomplished in duplicate (2) copies and shall be submitted to the Bureau of Workers with Special Concerns together with the required supporting documents.

Name of Establishment/Zone:

Name of Owner/President/Manager:

Address (indicate specific barangay):

Tel. No. _____ **Fax No.** _____ **E-mail:** _____

Industry Classification/Category/Product/Services:

Submitted by: (Authorized Establishment/Zone representative)

Name : _____ **Date :** _____

Position : _____ **Signature:** _____

Tel. No. : _____

E-mail : _____

TO BE FILLED-UP BY BWSC OFFICER

(Upon submission, please check if the form has been completely filled-up, including all the required documents/attachments)

Attachments:

- ____ 1. Tripartite Certificate of Compliance on Labor Standards (photocopy)
- ____ 2. Written policy containing stipulations prohibiting child labor (photocopy)
- ____ 3. List of names and addresses of suppliers and contractors, if any
- ____ 4. Contracts or terms of engagement with suppliers and contractors, if any (photocopy)
- ____ 5. Certification from the DOLE Regional Office that the suppliers and contractors, if any, or locators in the zone are not engaged in child labor

Processed by:

(Signature Over Printed Name)

Date Received: _____

Recommended Action:

For evaluation

For completion of requirement/s
(Pls. specify the incomplete requirement/s)
