



Brgy. Sta. Anastacia,
Sto. Tomas, Batangas

Tel. Nos.: (043) 405-6020 to 23
Fax No.: (043) 405-6031

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do not staple

CONTRACTOR / SERVICE PROVIDER ID APPLICATION FORM

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

LOCATOR : _____

GEN-CONTRACTOR / SERVICE PROVIDER : _____

SUB-CONTRACTOR : _____

Note:

1. Applications will not be received by FPIP with incomplete / insufficient requirements.
2. Other documents may be required by FPIP depending on nature of application.

APPLICANT'S UNDERTAKING

I hereby bind myself and agree to abide by the FPIP rules and regulations. I further certify that all the information I have declared herein are true and correct.

Applicant's Signature over printed name

Contractor's Authorized Signature over printer name



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