



**EUMB - EPMPD  
Quality Management System  
CEM TRAINING INSTITUTION  
APPLICATION FORM  
(ANNEX B)**

Doc Ref No.:	<b>EUMB-EPMPD-CEM</b>
Effective Date:	
Revision No.:	<b>0</b>
Page No.:	<b>1 of 2</b>

**CHECKLIST OF REQUIREMENTS FOR RECOGNIZED TRAINING INSTITUTION APPLICANT**

- One (1) Certified True Copy of Documents on Corporate Personality;
- One (1) Certified True Copy of Corporate Ownership/Management which includes list of names of officers, personnel, and their position;
- One (1) Copy of Proof of ownership/lease of an actual training facility/building;
- One (1) Original Copy of List of equipment/machineries and other instructional materials, whether owned or leased;
- One (1) Certified True Copy of Business Registration;
- One (1) Certified True Copy of Business Permits;
- One (1) Original Copy of List of Lecturers/Instructors with CVs/PRC License (if applicable);
- One (1) Original Copy of List of trainings provided;
- One (1) Original Copy of Training Plan for CEM with corresponding number of days and fees; and
- One (1) Copy of Proof of payment of Ten Thousand Pesos (₱ 10,000.00) for Application Fee for Recognition.

Type of Application :  New  Renewal

**DOE TRAINING INSTITUTION APPLICATION FORM**

**TRAINING CENTER/COMPANY PROFILE**

Name of Training Center/ Company : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Business TIN : \_\_\_\_\_  
 Telephone Number : \_\_\_\_\_  
 Contact number : \_\_\_\_\_  
 E-mail address : \_\_\_\_\_  
 Website (if any) : \_\_\_\_\_

**List of Lecturers/Instructors (Attach CV per Lecturer/Instructor)**

Name	Position	Profession	Employment Type



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Page No.:	<b>2 of 2</b>


*(Continue on a separate sheet if necessary)*

**Assurances:**

By signing this application form and this set of assurances, I hereby acknowledge the following conditions of the Energy Utilization Management Bureau (EUMB)/Energy Efficiency and Conservation Program Management and Technology Promotion Division (EPMPD) and agree to abide by them if this application is accredited.

1. I agree to submit complete registration/certification requirement documents and to abide by the accreditation and certification of Training Institutions.
2. I hereby authorized the EPMPD of DOE to make direct inquiries to any person, firm, or organization named in the application to verify the information submitted herein.
3. I further agree that if we provide false or misleading information on our application form or otherwise fail to demonstrate that we have sufficient experience or qualifications to perform as Training Institutions, the EPMPD has the right to suspend without prior notice my accreditation from the Registration.
4. I, the undersigned, hereby apply for the registration/certification with EPMPD and certify that, to the best of my knowledge, the particulars given in this application and all accompanying documents/information are true and correct.

NAME OF REPRESENTATIVE : \_\_\_\_\_

POSITION : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_