

Kolin Philippines Int'l., Inc.
ASP Accreditation Form

Fill up this form in **CAPITAL LETTERS**
Write N/A if information requested is not applicable
Date: _____

A. TYPE OF APPLICATION (Place an X mark)

_____ New Applicant	_____ Renewal, if yes, pls. Indicate the date of most recent accreditation _____
_____ Satellite Office, if yes, pls. Indicate name of the parent company _____	
_____ Service Provider	_____ Dealer / Installer
_____ Both	

B. BACKGROUND INFORMATION

Registered Name of the Company		Date Business Operation Started
Registered Address		
Rm./Flr./Unit No./Bldg. Name	Lot No./Block No./St. Name	Subd./Village Name
Bgry/District	City/Municipality	Province
Satellite Office Address - 1		
Rm./Flr./Unit No./Bldg. Name	Lot No./Block No./St. Name	Subd./Village Name
Bgry/District	City/Municipality	Province
Satellite Office Address - 2		
Rm./Flr./Unit No./Bldg. Name	Lot No./Block No./St. Name	Subd./Village Name
Bgry/District	City/Municipality	Province
Satellite Office Address - 3		
Rm./Flr./Unit No./Bldg. Name	Lot No./Block No./St. Name	Subd./Village Name
Bgry/District	City/Municipality	Province
Office Telephone Nos.		Office Fax Nos.
Website Address		Official E-mail Address
Proprietor	Manager	Supervisor
Mobile Nos.	Mobile Nos.	Mobile Nos.
E-mail Address	E-mail Address	E-mail Address
Office Staff 1	Office Staff 2	Technical In-charge
Mobile Nos.	Mobile Nos.	Mobile Nos.
E-mail Address	E-mail Address	E-mail Address

Services Offered (Place an X mark)		
<input type="checkbox"/> Field Service	<input type="checkbox"/> Shop Service	<input type="checkbox"/> Installation

Owners / Stockholders			
Name	Position	E-mail Address	Contact No.

List of **TECHNICIANS** (attach scan copy of Certificate of Competency and employment contract)

Trouble Shooting Team			
Name	Specimen Signature	National Certificate No.	Expiration Date
Team 1			
Lead tech:			
Asst. tech:			
Helper:			
Team 2			
Lead tech:			
Asst. tech:			
Helper:			
Team 3			
Lead tech:			
Asst. tech:			
Helper:			
Team 4			
Lead tech:			
Asst. tech:			
Helper:			
Team 5			
Lead tech:			
Asst. tech:			
Helper:			

General Cleaning Team			
Name	Specimen Signature	National Certificate No.	Expiration Date
Team 1			
Lead tech:			
Asst. tech:			
Helper:			

Team 2			
Lead tech:			
Asst. tech:			
Helper:			
Team 3			
Lead tech:			
Asst. tech:			
Helper:			
Team 4			
Lead tech:			
Asst. tech:			
Helper:			
Team 5			
Lead tech:			
Asst. tech:			
Helper:			

Installation Team

Name	Specimen Signature	National Certificate No.	Expiration Date
Team 1			
Lead tech:			
Asst. tech:			
Helper:			
Team 2			
Lead tech:			
Asst. tech:			
Helper:			
Team 3			
Lead tech:			
Asst. tech:			
Helper:			
Team 4			
Lead tech:			
Asst. tech:			
Helper:			
Team 5			
Lead tech:			
Asst. tech:			
Helper:			

C. BUSINESS ORGANIZATION

Type of Business Organization: (Place an X mark)	Type of Business Operation: (Place an X mark)
<input type="checkbox"/> Single Proprietorship	<input type="checkbox"/> Trading and Merchandising
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trading and Servicing
<input type="checkbox"/> Corporation	<input type="checkbox"/> Service Company
<input type="checkbox"/> Others, pls. Specify _____	<input type="checkbox"/> Others, pls. specify _____

D. SERVICE FORMS (attach scan copy of the forms indicated herein)

Description	Place an X mark if available, put N/A if not available	BIR Permit No. (put N/A if not applicable)	TIN No. (put N/A if not applicable)
Service Call / Job Report			
Service Invoice			
Sales Invoice			
Pull-out Receipt			
Delivery Receipt			
Installation Survey Form			
Start-up Checklist			
Others, Pls. Specify			

E. BUSINESS REGISTRY (attach scan copy of the permits indicated herein)

Type of Permit	Registration No. / Permit No.	Date Issued	Expiration Date
SEC Registration			
DTI Registration			
DTI Accreditation			
Business Permit, Mayor's Office			
VAT Registration (BIR 2303)			
TIN Registration			

F. OFFICE EQUIPMENT (put N/A if not available)

Description	Qty.	Internet	Place an X Mark
Computer		Prepaid	
Printer		Postpaid Plan	
Telephone		Others, pls. Specify	
Fax Machine			

G. LIST OF SERVICE VEHICLE

Make	Year Model	Plate No.

H. LIST OF TOOLS & EQUIPMENT (put N/A if not available)

Description	Qty.	Description	Qty.
Pressure Washer Set		Ladder	
AC Wash Bag / Cleaning Cover		Digital Thermometer	
Air Blower		Capacitance Tester	
Pail / Bucket		Clamp Meter	
Multi-Tester		Ladder	
Energy Logger		Torque Wrench	
Refrigerant Weighing Scale		Adjustable Wrench 6"	
Manifold Gauge Set R-22		Adjustable Wrench 8"	
Manifold Gauge Set R-32		Adjustable Wrench 10"	
Manifold Gauge Set R-410a		Adjustable Wrench 12"	
Vacuum Pump		Digital Micron Vacuum Gauge	
Flaring Tool 1/4"-3/4"		Angle Grinder	
Flaring Tool 3/4", 7/8", 1"		Steel Tape Measure	
Swaging Tool		Digital Laser Meter	
Tube Cutter 1/4"-1 1/8"		Gear Puller 6"	
Tube Cutter 1/8"-1 1/8"		Welding Machine	
Blow Torch Single Barrel		Nitrogen Tank	
Blow Torch Double Barrel		Nitrogen Regulator	
Hexagonal Key Wrench 4mm		Recovery Machine	
Hexagonal Key Wrench 5mm		Recovery Tank	
Hexagonal Key Wrench 8mm		First Aid Kit	
Tube Bender 1/4"		Oxyacetylene Equipment	
Tube Bender 3/8"		Others, pls. Specify	
Tube Bender 1/2"			
Tube Bender 5/8"			
Tube Bender 3/4"			
Tube Bender 7/8"			
Electric Drill			
Demolition Drill			
Cordless Drill			

I. BANK REFERENCES

Bank Name / Account Number	Branch / Address	Contact Person	Contact No.

J. Affiliated Companies and Related Business

Name	Address	Contact Person	Contact No.

K. Major Clients

Name	Address	Contact Person	Contact No.

L. ADDITIONAL ASC INFORMATION

How many years has your organization been in this business? _____

How many full time employees does your company have? _____

Company name indicated in your Official Receipt? _____

Is this company a division or a subsidiary of another company? __Yes __No

If yes, what is the name of the parent company? _____

DECLARATION: The undersigned hereby confirms that the above information is true and correct, and that we are duly authorized to enter into this accreditation agreement and the supporting documents attached hereto are genuine and authentic. I also declare that the owners, managers, supervisors, office staff and technical personnel of our company are not related to any employee of Kolin Philippines Int’l., Inc. within the third degree of consanguinity.

I hereby authorize Kolin Philippines Int’l., Inc. to obtain pertinent information from clients, banks and any other source necessary for the objective of evaluation for this application. The undersigned also authorizes the release of any information as needed by Kolin Philippines Int’l., Inc. from any of the above listed source of information.

Signature over Printed Name
Owner / Proprietor

Signature over Printed Name
General / Operations Manager