



Republic of the Philippines  
DEPARTMENT OF LABOR AND EMPLOYMENT  
Regional Office No. \_\_\_\_\_

Registry of Establishment

EIN: NGROO-MFG-1308-001

- 1. Name of Establishment ENVIROCARE MGT. PRECISION INC.
- 2. Address 624 WELLINGTON BLDG.RM 542 PADRE QUINTIN PAREDES ST., COR. NORBERTO TY ST., BINONDO,MANILA  
Street City/Municipality Province
- 3. TIN : 006-642-888-000
- 4. Telephone No. : 242-9810 Fax No. : 242-9810 Email Address: jm\_envirocare@yahoo.com
- 5. Name of Manager / Owner ARIEL M. ENTICO
- 6. Nature of Business & Product Manufactured, Service rendered or Merchandise sold:

( Example Manufacturing -- Textile, Construction -- Building, Agriculture -- Production of Livestock, etc; Forestry - Logging; Services -- Generation and Distribution of Electricity, Commerce - Lumber and Construction Materials; Wholesale or Retail)

TRANSPORT OF WASTES - DENR ACCREDITED WASTE HAULER

7. Number of Employees

	Total	Filipinos	Resident Alien	Non-Resident Alien	Below 15	Below 15-17 yrs	18-30 yrs	Above 30 yrs.
Male	27	27	0	0	0	0	5	22
Female	7	7	0	0	0	0	3	4
Grand Total	34	34	0	0	0	0	8	26

8. Name & Address of Labor Union, if any N/A  
BLR Registration No. N/A

9. Technical Information (Please Check / Enumerate)

- 9a. Machinery, Equipment and Other Devices in use:  
 Circular saw  Machine Drill Press  Boiler  Pressure Vessel  Internal Combustion Engine  
 Engine Diesel  Gasoline  Others, Specify \_\_\_\_\_
- 9b. Materials Handling Equipment:  
 Power Trucks  Hand Trucks  Conveyors  Forklift  Cranes  Others, Specify \_\_\_\_\_
- 9c. Chemical or Substances Used or Handled: Wastes for treatment and disposal

10. If Branch unit, name of parent establishment:  
Location N/A

11. Current Capitalization Php1,000,000.00 Total Assets: Php 19 Million

12. Photocopy of DTI Certificate of Registration / Business Permit (pls. attach)

FOR RE-REGISTRATION ACCOMPLISH ALSO:

13. Past Application Number \_\_\_\_\_ Date of Application \_\_\_\_\_

14. If Changing Name of Establishment, State Former Name; \_\_\_\_\_

15. If Changing Location, Give Past Address: \_\_\_\_\_

I hereby certify that the above information is true and correct.

ARIEL M. ENTICO

Owner/President

LEONIDES P. CASTILLON JR.

Director II

Date Filed : AUG 01 2013

Date Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

(Regional Director or Assistant Regional Director or Head of Field Office)