



**DEPARTMENT OF COMMERCE AND INDUSTRY
APPLICATION FOR RENEWAL CONTRACTOR'S REGISTRATION
WITH THE CONSTRUCTION INDUSTRY UNIT**

ON BEHALF OF _____, holder of a Contractors Registration No. _____,
(Name of Firm)

original issued on _____, I hereby apply and request for Renewal of its **Contractor's Registration for the Contracting fiscal Year 01st July 20_____ to 30th June 20_____.**

The following documents and information in support of the firm's registration application are hereby submitted to the Construction Industry Unit of the Department of Commerce and Industry. (Please check { } the appropriate box.)

A Legal

1. Contractor's General Information Sheet (**Form R-5.1**)

B Financial

2. Builder's Audited Financial Reports for the preceding taxable year (**Form R-5.2**)
3. Director's & Secretary's Statement duly signed by authorized officers.
4. List of Acquisitions of Land and Buildings (**Form R-5.3**)
5. Deeds of Sale and /or Official Receipt issued by vendor for Land and Buildings, or Certificates of Title of Land and Buildings Reported.
6. List of Acquisitions of Construction Equipment /Machineries /Pants (**Form R-5.3**)
7. For newly acquired equipment: Deed of Sales and /or Official Receipt issued by seller.
8. For newly acquired vehicles: MVIT registration and Official Receipt.

C. Experience of Firm

9. Statement of Annual Value of Work Accomplished in the immediately preceding Contracting Fiscal Year. (**Form R – 5.4**)

D Technical personnel (TP)

10. List of Contractor's Technical Personnel. (**Form R-5.3**)
For newly nominated TP's:
11. Affidavit of newly nominated TP. (Form R-5.5).
12. Work Experience of TP. (Form R-5.5a and R-5.5b)
13. Copy of certificate of income tax withheld on compensation of the preceding taxable year issued by the firm to the employee.

E. Others

14. Original signature of Authorized Managing Officer (AMO) on each and every page of this application, **including supporting documents.**

I hereby certify that the information and documents contained in this application are true and correct to the best of my own personal knowledge. I am fully aware that I shall be held personally liable for any misrepresentation that may be found herein.

Authorized Managing Officer (Print Name)

Designation

(Signature)

Date

CONTRACTOR'S GENERAL INFORMATION

A. CONTRACTOR'S IDENTIFICATION

Name of Firm:		
Office Address:		Tel No:
If Provincial based, contact address in POM if any:		Tel No:
Type of Organization (Please check): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture		
IPA Registration No:	Date of Registration:	IPA Expiry Date:
Business Registration:		Expiry Date:
Original Contractor's Registration No:		Date of Issue:
Registration was last renewed on _____ for CFY 200 ____ - 200 ____		
<u>PRESENT CATEGORY:</u>		
<u>PRESENT CLASSIFICATION/S:</u>		
Principal :		
Others :		

B. OWNER/STOCKHOLDERS/OFFICER* (For Corporation, Partnership and Joint Venture)

Name	Position	Nationality	Subscribed Capital	Paid – Up Capital

*Do not include stockholders owning less than 5% of the capital subscription

C AFFILIATION WITH OTHER REGISTERED CONTRACTORS

Name of other Affiliated Contractor	Nature of Affiliation

CERTIFIED CORRECT BY:

 Authorized Managing Officer
 (Signature over printed name)

Financial Statement
Balance Sheet
 As of _____

Name of Firm: _____
 Capital Assets:

Authorized: K _____ **Paid – Up** : K _____
Subscribe: K _____ **Net worth** : K _____

K=====

Major Assets:
 Cash
 On Hand K _____
 In Bank: K _____

Name of Bank	Account #	Amount
_____	_____	_____
_____	_____	_____

Construction & Transportation Equipment K _____
 Land and Improvements K _____
 Deferred charges' Pre-Operation expenses K _____
 Advance to Officers/affiliates, etc. K _____
 Subscription Receivables K _____
 Other Assets: K _____

Liabilities : K =====
Net worth : K =====

AUDITOR'S REPORT

TO: Construction Industry Unit
 I / we have examined the Financial statement of _____ with
 _____, and individual proprietorship/partnership/corporation.
 (Business Address)

My / our examination was made in accordance with general accepted auditing standards and accordingly included such tests of the accounting records as we considered necessary in the circumstances.

In my/our opinion the Financial Statement referred to presents fairly the financial position of the firm in conformity with generally accepted accounting principles applied on a consistent basis.

Date: _____ Prepared by: _____
 (Date of Report) Name of Signature
 Certified Public Accountant

Place: _____

 (Office Address)

Certified Correct: _____

 (Signature over printed name)
 (Authorized Managing Officer)

Chartered Accountant's /Auditor's
 Registration No: _____

(Note: Attach Audited Financial Reports if preferred by applicant)

A. *ACQUISITIONS OF LAND AND BUILDING IN THE IMMEDIATELY PRECEDING YEAR

1. Acquisitions	2. Sales/Dispositions of Fixed Assets

B. * ACQUISITIONS OF CONSTRUCTION AND DELIVERY AND TRANSPORTATION EQUIPMENT/MACHINERIES /PLANT OWNED FOR THE IMMEDIATELY PRECEDING YEAR

DESCRIPTION	ACQUISITION		BOOK VALUE
	DATE	COST	
		K	K

C. * LIST OF TECHNICAL PERSONNEL OF THE COMPANY AS OF _____ 20 _____

NAME OF TECHNICAL PERSONNEL	Professional Registration			Date Employed	Position in the Firm
	Number	Date	Profession		

*Use additional sheets if necessary

Signature of AMO: _____

Printed Name of AMO: _____

STATEMENT OF ANNUAL VALUE OF WORK ACCOMPLISHED
As of the year ending _____

PROJECTS:	1	2	3
PROJECT PARTICULARS			
Title of Project:			
Project Owner:			
Project Location			
Project Classification			
Total Project Cost	K _____	K _____	K _____
CONTRACT PARTICULARS			
Date of contract awarded:			
Contract completion Time:			
Scope of Work:			
Total Amount of Contract:			
Name of Main contractor or Joint Venture Partner, if any:			
WORK ACCOMPLISHMENT			
As of Start of Year and % Completed:	K _____ % _____	K _____ % _____	K _____ % _____
As of End of Year and % Completed:	K _____ % _____	K _____ % _____	K _____ % _____
TECHNICAL PERSONNEL			
Name and Profession			
Position Title			

Note: See instruction at the back before filing up this form. Use additional sheets if necessary.

Signature of AMO: _____

Printed Name of AMO: _____

TECHNICAL PERSONNEL (TP) CERTIFICATION (AFFIDAVIT)

I, _____, Papua New Guinean, of legal age, born on _____
single/married to _____ and residing at _____
_____ hereby dispose and say

THAT:

I am a duly registered professional _____ and holder
(PROFESSION: eg Engineer, Architect. Q. S)
of Registration No. _____ valid up to _____;
I hold a Bachelor's/Master's /Doctorate Degree in _____
at _____ given on.
(NAME OF SCHOOL)

My actual work experience is summarized in **CIU FORM R – 5. 5a** and forms an integral part hereof;

I am employed on regular/fulltime basis as technical personnel of _____ and holding the position of _____
_____ since _____
(NAME OF CONTACTOR/FIRM)

I am not associated in any construction mal-performance suggestive of negligence, incompetence or malpractice or any act or omission liable for disciplinary action by myself or in collaboration with any other person.

I have not been convicted by a court of competent jurisdiction on any offensive involving moral turpitude.

I am fully aware that my failure to notify the CIU of my disassociation with may present employer shall cause my disqualification to be a technical employee or authorized managing officer for another registered contractor with the CIU.

I authorized the CIU to verify and investigate any or all information in this instrument from whatever sources it may consider appropriate.

I verified all the information on this certification and certify under the pain of perjury that the same are true and correct.

Signature of Technical Personnel

Date: ----/-----/-----

PROJECT ENGINEER'S CERTIFICATION OF EMPLOYMENT

To: Construction Industry Unit
Ground Floor, Mutual Building, Waigani Drive

I hereby certify that Contractor -----has contracted and/or engaged my services as Engineer for its construction projects.

I further state and certify that I have supervised and /or managed as a Technical Personnel of the contractor applicant, the following projects.

NAME OF PROJECT	OWNER OF PROJECT	ESTIMATED COST	DATE COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

At present, I am supervising the following projects of the contractor:

NAME OF PROJECT	OWNER OF PROJECT	ESTIMATED COST	DATE COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of my separation, for any reasons whatsoever from the above-mentioned Contractor, I shall notify CIU at least fifteen days before the effective date of my separation.

I further certify that I will not allow my name to be used for the mere purpose of enabling the above-mentioned Contractor to qualify for CIU registration and grading. I understand that to do so will be sufficient ground for my disqualification as TP in any future employment for this and any contractor applying for registration with the CIU.

Date: -----/-----/-----

 (Signature of TP)

FOREMAN'S CERFITICATION OF EMPLOYMENT

To: Construction Industry Unit
Ground Floor, Mutual Building, Waigani Drive

I hereby certify that Contractor ----- has contracted and /or engaged my services as Foreman for its construction projects.

The following project have been supervised and /or superintendent by me as Foreman.

NAME OF PROJECT	OWNER OF PROJECT	ESTIMATED COST	DATE COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

At present, I am handling the following projects.

NAME OF PROJECT	OWNER OF PROJECT	ESTIMATED COST	DATE COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of my separation, for any reasons whatsoever form the above-mentioned contractor, I shall notify CIU at least fifteen days before the effective date of my separation.

I will not allow the use of my name for the mere purpose of enabling the above-mentioned Contractor to qualify for CIU registration and grading. I understand that to do so will be sufficient ground for my disqualification as TP in my future employment for this and any contractor applying for registration with the Government (DTI/CIU).

Date: -----/-----/-----

 (Signature of TP)

 (Home or postal Address)

 (Residence Phone Number)