



Republic of the Philippines  
Bicol University  
Research Development and Extension  
**FAB LAB BICOL**  
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Client Profile and Service Request form:

|  |   |                                 |              |
|--|---|---------------------------------|--------------|
| Date Requested:  |   |                                 |              |
| <b>Consent:</b> In accordance with the Data Privacy Act of 2012, all personal information submitted through this service request form will be recorded on FAB LAB data base and will only be used for FAB LAB purposes only. Hence, data will be treated with utmost confidentiality. If you wish to continue, please check "I agree" below.<br><input type="checkbox"/> I agree |   |                                 |              |
| Personal Information   |   |                                 |              |
| Name:  |   |                                 |              |
| Address:   |   |                                 |              |
| Contact No.  |   |                                 |              |
| Gender:  | Male  | Age:                            |              |
|  | Female  |                                 |              |
|  | Prefer not to say:                                      |                                 |              |
| Work/Position/Designation:   | Student   | Company/Affiliated with:        |              |
|  | MSME/Entrepreneur                                       |                                 |              |
|  | Teacher   |                                 |              |
|  | Hobbyist  |                                 |              |
|  | Other (please specify):                                 |                                 |              |
| Service Requested  | Training/Tour/Orientation                               |                                 |              |
|  | Product/Design/Consultation                             |                                 |              |
|  | Equipment (Kindly check which equipment to be used)     |                                 |              |
|  | <input type="checkbox"/>                                | 3D Printer                      |              |
|  | <input type="checkbox"/>                                | 3D Scanner                      |              |
|  | <input type="checkbox"/>                                | Laser Cutting Machine           |              |
|  | <input type="checkbox"/>                                | Print and Cut Machine           |              |
|  | <input type="checkbox"/>                                | CNC Machine (Big)               |              |
|  | <input type="checkbox"/>                                | CNC Machine (Small)             |              |
|  | <input type="checkbox"/>                                | Vinyl Cutter                    |              |
|  | <input type="checkbox"/>                                | Embroidery Machine (One head)   |              |
|  | <input type="checkbox"/>                                | Embroidery Machine (Four Heads) |              |
|  | <input type="checkbox"/>                                | Flatbed Cutter                  |              |
|  | <input type="checkbox"/>                                | Vacuum Forming                  |              |
|  | <input type="checkbox"/>                                | Water Jet Machine               |              |
| <input type="checkbox"/>   | Hand Tools (please specify):                            |                                 |              |
| <input type="checkbox"/>   | Other (please specify):                                 |                                 |              |
| Other details:   | If consultation, what mode of meeting do you prefer?    | <input type="checkbox"/>        | Virtual      |
|  |   | <input type="checkbox"/>        | Face to Face |
|  |   | Please specify your schedule:   |              |
|  | If equipment utilization, please specify your schedule: |                                 |              |
| Describe the work requested:   |   |                                 |              |
| Date:  | Name of client:   | Signature:                      |              |

For FAB LAB Personnel only:

|                                  |  |
|----------------------------------|--|
| Name and signature of personnel: |  |
| Date:                            |  |