

NSRP Form 2 September 2020	<div> <div>Republic of the Philippines</div> <div>Department of Labor and Employment</div> <div>NATIONAL SKILLS REGISTRATION PROGRAM</div> <div>ESTABLISHMENT REGISTRATION FORM</div> </div>
INSTRUCTIONS: Please fill out the form legibly in block letters using a ballpoint pen. Check if appropriate boxes. Please do not leave any items unanswered. Indicate "NA" if not applicable. You may use extra sheet if needed. Submit Accomplished form to the Public Employment Service Office (PESO) Manager or Officer in your city/municipality.	
I. ESTABLISHMENT DETAILS	
Business Name: ww	
Trade Name: w	
Acronym/Abbreviation: w	
<div> <input type="radio"/> Main Office <input type="radio"/> Branch </div> Tax Identifier Number:	
Employer Type <div> <input type="checkbox"/> Public <input type="checkbox"/> Private </div> <div> <input type="checkbox"/> National Government Agency <input type="checkbox"/> Direct Hire </div> <div> <input type="checkbox"/> Local Government Unit <input type="checkbox"/> Local Recruitment Agency </div> <div> <input type="checkbox"/> Government-Owned and Controlled Corporation <input type="checkbox"/> Overseas Recruitment Agency </div> <div> <input type="checkbox"/> State/Local Univesity or College <input type="checkbox"/> D.O. 174 </div>	
Total Work Force: <input type="checkbox"/> Micro (1-9) <input type="checkbox"/> Small (10-99) <input type="checkbox"/> Medium (100-999) <input type="checkbox"/> Large (200 and up)	
Line of Business/Industry (check BIR 2303):	
Street/Village:	
Barangay:	
Municipal/City:	
Province:	
II. ESTABLISHMENT CONTACT DETAILS	
Name of Owner/President (Full Name):	
Contact Person (Full Name):	
Position:	
Telephone Number:	
Mobile Number:	
Fax Number:	
Email Address:	

hello

hi