Migrant Workers Office
Department of Migrant Workers

APPLICATION FOR ACCREDITATION FORM

- ☐ New Accreditation/ Job Order _____
- ☐ Renewal
- ☐ Dual (Name of 2nd PRA for Accreditation) _____
- ☐ Multiple Accreditation (Name of PRA for 3rd- 5th Accreditation)

_____

FOREIGN PRINCIPAL/EMPLOYER

Name of company: _____

Name of Sponsor/Employer/Rep:_____ QID No. _____

Official address: _____ PO Box No. _____

Tel. No. : _____ Email address: _____ Website: _____

CR Number: _____ Validity: _____

License No. _____ Validity: _____

Computer Card/Establishment Card No. _____ Validity: _____

Name of contact person: _____ Designation: _____Nationality_____

QID No. _____Mob. No. _____

WORKFORCE

Total Number of workers: _____ No. of existing Filipino workers: _____

PHILIPPINE RECRUITMENT AGENCY (PRA)

Name of PRA: _____

Name of Owner/Representative: _____

Official address: _____

Tel. No. : _____ Fax No. _____Email address: _____

ACCOMMODATION DETAILS

Accommodation address: _____ PO Box No. _____

Accommodation Tel. No. : _____