

Republic of the Philippines  
Department of Labor and Employment  
Regional Office No. \_\_\_\_\_

**Monthly Report on Registration of Private Employment Agencies (PEAs) for Industry Workers**

For the month of \_\_\_\_\_, 20\_\_

**General Instructions:** Kindly accomplish this form by providing the required information. Please indicate N/A if the field is not applicable within the given month and submit within fifteen (15) calendar days after the reference month to the Bureau of Local Employment via electronic mail at [ble.peareports@gmail.com](mailto:ble.peareports@gmail.com).

**1. PEA LICENSE ISSUED**

Name of Agency	Address of Agency	License No.	Validity		Authorized Representative				Contact No.	New/ Renewal
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	Last Name	First Name	Middle Name	Suffix		

**2. AUTHORITY TO OPERATE BRANCH OFFICE ISSUED**

Name of Agency	Address of Agency	Registration No.	Validity		Authorized Representative				Contact No.	New/ Renewal
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	Last Name	First Name	Middle Name	Suffix		

**3. AUTHORITY TO RECRUIT ISSUED**

Name of Representative				Name of Agency	Address of Agency	Validity	
Last Name	First Name	Middle Name	Suffix			From (dd/mm/yyyy)	To (dd/mm/yyyy)

**4. PEAs SUSPENDED/FINED**

Name of Agency	Address of Agency	License No.	Validity		Ground for suspension
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	

5. LICENSE CANCELLED/REVOKED						
Name of Agency	Address of agency	License No.	Validity		Date License Cancelled/Revoked (dd/mm/yyyy)	Ground for cancellation/revocation
			From (dd/mm/yyyy)	To (dd/mm/yyyy)		

6. AUTHORITY TO RECRUIT CANCELLED/REVOKED								
Name of Representative				Name of Agency	Address of Agency	Validity		Ground for cancellation/revocation
Last Name	First Name	Middle Name	Suffix			From (dd/mm/yyyy)	To (dd/mm/yyyy)	

7. AUTHORITY TO OPERATE BRANCH OFFICE CANCELLED/REVOKED						
Name of Agency	Address of agency	License No.	Validity		Date License Cancelled/Revoked (dd/mm/yyyy)	Ground for cancellation/revocation
			From (dd/mm/yyyy)	To (dd/mm/yyyy)		

8. PEAs THAT CEASED OPERATION				
A. License Expired				
Name of Agency	Address of Agency	License No.	Validity	
			From (dd/mm/yyyy)	To (dd/mm/yyyy)

B. Stop Operation						
Name of Agency	Address of Agency	License No.	Validity		Date PEA Stopped Operation (dd/mm/yyyy)	Reason
			From (dd/mm/yyyy)	To (dd/mm/yyyy)		

9. RECRUITS AND WORKERS PLACED					
A. Recruits			B. Workers Placed		
Male	Female	Total	Male	Female	Total

10. PROCESS CYCLE TIME			
Document	Date Filed	Date Issued	Remarks
A. PEA License			
B. Authority to Operate Branch Office			
C. Authority to Recruit			

11. SUMMARY					
<b>A. Total PEA License Issued:</b>	New:		Renewal:		Total:
<b>B. Total Authority to Operate Branch Office Issued:</b>	New:		Renewal:		Total:
<b>C. Total Authority to Recruit Issued:</b>					
<b>D. Total PEAs Suspended/Fined:</b>					
<b>E. Total License Cancelled/Revoked:</b>					
<b>F. Total PEAs That Ceased Operation:</b>	Expired License:		Stop Operation:		Total:
<b>G. Total Recruits:</b>					
<b>H. Total Workers Placed:</b>					
<b>I. Total Process Cycle Time:</b>	<b>PEA License</b>	<b>Authority to Operate Branch Office</b>	<b>Authority to Recruit</b>		
<i>Within PCT:</i>					
<i>Beyond PCT:</i>					

Prepared by:

Reviewed by:

\_\_\_\_\_  
Designation

\_\_\_\_\_  
TSSD Chief

Noted by:

\_\_\_\_\_  
Regional Director

Republic of the Philippines  
Department of Labor and Employment  
Regional Office No. \_\_\_\_\_

**Monthly Report on Registration of Private Employment Agencies (PEAs) for Kasambahay**  
For the month of \_\_\_\_\_, 20\_\_

**General Instructions:** Kindly accomplish this form by providing the required information. Please indicate N/A if the field is not applicable within the given month and submit within fifteen (15) calendar days after the reference month to the Bureau of Local Employment via electronic mail at [ble.peareports@gmail.com](mailto:ble.peareports@gmail.com).

1. PEA LICENSE ISSUED										
Name of Agency	Address of Agency	License No.	Validity		Authorized Representative				Contact No.	New/ Renewal
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	Last Name	First Name	Middle Name	Suffix		

2. AUTHORITY TO OPERATE BRANCH OFFICE ISSUED										
Name of Agency	Address of Agency	Registration No.	Validity		Authorized Representative				Contact No.	New/ Renewal
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	Last Name	First Name	Middle Name	Suffix		

3. AUTHORITY TO RECRUIT ISSUED										
Name of Representative				Name of Agency	Address of Agency	Validity				
Last Name	First Name	Middle Name	Suffix			From (dd/mm/yyyy)	To (dd/mm/yyyy)			

4. PEAs SUSPENDED/FINED					
Name of Agency	Address of Agency	License No.	Validity		Ground for suspension
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	

5. LICENSE CANCELLED/REVOKED						
Name of Agency	Address of agency	License No.	Validity		Date License Cancelled/Revoked (dd/mm/yyyy)	Ground for cancellation/revocation
			From (dd/mm/yyyy)	To (dd/mm/yyyy)		

6. AUTHORITY TO RECRUIT CANCELLED/REVOKED								
Name of Representative				Name of Agency	Address of Agency	Validity		Ground for cancellation/ revocation
Last Name	First Name	Middle Name	Suffix			From (dd/mm/yyyy)	To (dd/mm/yyyy)	

7. AUTHORITY TO OPERATE BRANCH OFFICE CANCELLED/REVOKED						
Name of Agency	Address of agency	License No.	Validity		Date License Cancelled/Revoked (dd/mm/yyyy)	Ground for cancellation/revocation
			From (dd/mm/yyyy)	To (dd/mm/yyyy)		

**8. PEAs THAT CEASED OPERATION**

A. License Expired				
Name of Agency	Address of Agency	License No.	Validity	
			From (dd/mm/yyyy)	To (dd/mm/yyyy)

B. Stop Operation						
Name of Agency	Address of Agency	License No.	Validity		Date PEA Stopped Operation (dd/mm/yyyy)	Reason
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A. Recruits			B. Workers Placed		
Male	Female	Total	Male	Female	Total

**10. PROCESS CYCLE TIME**

Document	Date Filed	Date Issued	Remarks
A. PEA License			
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11. SUMMARY						
<b>A. Total PEA License Issued:</b>	New:		Renewal:		Total:	
<b>B. Total Authority to Operate Branch Office Issued:</b>	New:		Renewal:		Total:	
<b>C. Total Authority to Recruit Issued:</b>						
<b>D. Total PEAs Suspended/Fined:</b>						
<b>E. Total License Cancelled/Revoked:</b>						
<b>F. Total PEAs That Ceased Operation:</b>	Expired License:		Stop Operation:		Total:	
<b>G. Total Recruits:</b>						
<b>H. Total Workers Placed:</b>						
<b>I. Total Process Cycle Time:</b>	<b>PEA License</b>	<b>Authority to Operate Branch Office</b>		<b>Authority to Recruit</b>		
<i>Within PCT:</i>						
<i>Beyond PCT:</i>						

Prepared by:

Reviewed by:

\_\_\_\_\_  
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Regional Director