



**AEP APPLICATIONS EVALUATION SHEET**  
**[To be accomplished by the DOLE Regional/Field Office]**

Name of Alien : \_\_\_\_\_  
 Position/s : \_\_\_\_\_  
 Nationality : \_\_\_\_\_  
 Company : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 AEP Number : \_\_\_\_\_ Validity : \_\_\_\_\_ Industry Code: \_\_\_\_\_

**I. CHECKLIST OF REQUIREMENTS**

(Original and other documents, when applicable, should be presented for validation. AEP Card must be surrendered to the issuing DOLE-Regional Office upon expiration of AEP or termination of employment.)

**DOCUMENTS SUBMITTED**

**[ ] NEW**

- Application Form duly accomplished
- Contract of Employment/ Appointment or Board Secretary's Certificate of election
- Photocopy of Employer's Mayor's Permit to operate business
- Photocopy of passport with visa or Certificate of Recognition for refugees
- if filed by a representative, authorization from the company or foreign national

**[ ] RENEWAL**

- Application Form duly accomplished
- Renewal of Employment Contract/Appointment or Board Secretary's Certificate of election
- Photocopy of Employer's Mayor's Permit to operate business
- Photocopy of passport with visa or Certificate of Recognition for refugees
- If filed by a representative, authorization from the company or foreign national
- Photocopy of AEP previously issued

**II. EVALUATION AND ACTION TAKEN**

**1. ASSESSMENT AND EVALUATION OF APPLICATION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDATION:**

\_\_\_\_\_

|                    |                        |                        |
|--------------------|------------------------|------------------------|
| _____<br>EVALUATOR | _____<br>DATE RECEIVED | _____<br>DATE RELEASED |
|--------------------|------------------------|------------------------|

**2. RECOMMENDATION [ ] FOR APPROVED [ ] OTHERS**

|                |                        |                        |
|----------------|------------------------|------------------------|
| _____<br>CHIEF | _____<br>DATE RECEIVED | _____<br>DATE RELEASED |
|----------------|------------------------|------------------------|

**3. ACTION TAKEN [ ] APPROVED [ ] OTHERS**

|                            |                        |                        |
|----------------------------|------------------------|------------------------|
| _____<br>REGIONAL DIRECTOR | _____<br>DATE RECEIVED | _____<br>DATE RELEASED |
|----------------------------|------------------------|------------------------|

**III. PAYMENTS AMOUNT OFFICIAL RECEIPT No. DATE**

|                      |       |           |       |
|----------------------|-------|-----------|-------|
| Fees                 | _____ | _____     | _____ |
| Fines                | _____ | _____     | _____ |
| Date of Publication: | _____ | Newspaper | _____ |