

Eligibility/Exam Records Request Form (ERRF) (Revised 01192011)	Republic of the Philippines CIVIL SERVICE COMMISSION REGIONAL OFFICE VI REQUEST FOR ELIGIBILITY/EXAMINATION RECORDS	Date Accomplished by Client: _____ Time Accomplished by Client: _____ Time Received by ESD/ERS Personnel: _____ Initials of ESD/ERS Personnel: _____												
Certification of Eligibility (no/lost original certificate; attach Declaration)	Authentication of Eligibility (attach original certificate)	Others												
PERSONAL INFORMATION (PLEASE PRINT LEGIBLY.)														
Name Used at the Time of Issuance/Exam: _____ Last Name First Name Middle Name		Gender: _____ Civil Status: _____												
Current Name: _____ Address Used at the Time of Issuance/Exam: _____ Current Address: _____		Presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: Company: _____ Address: _____												
Date of Birth: _____ Place of Birth: _____														
Purpose/s of Request: <input type="checkbox"/> Employment <input type="checkbox"/> Promotion <input type="checkbox"/> Replacement of Lost Certificate <input type="checkbox"/> Replacement of Old/Torn/Worn-out Certificate <input type="checkbox"/> Did Not Receive Original Certificate <input type="checkbox"/> Others: _____														
ELIGIBILITY/EXAMINATION DATA (Please print.)														
Title of Eligibility/Exam: _____ Date of Issuance/Exam: _____ Place of Issuance/Exam: _____		Rating Obtained: _____ Date of Effectivity: _____ Registration/Certificate/Card/Resolution No.: _____ Registration/Certificate/Card/Resolution Date: _____												
Requested By: _____ Signature of the Eligible/Examinee		_____ Authorized Representative (Printed Name & Signature)												
_____ Signature at the Time of Issuance/Exam		_____ Right Thumb Print (Examinee/Eligible)												
Contact No. _____		Contact No. _____												
ACTION TAKEN (To be done by CSCRO VI Personnel)														
<input type="checkbox"/> CHECKED DATA AGAINST THE ML Book No. _____ Page No. _____ Seq./Line No. _____ School Code/Batch No. _____ Examinee/Reg. No. _____ Date Issued/Released: _____ <input type="checkbox"/> NO AVAILABLE RECORD		<input type="checkbox"/> CHECKED DATA AGAINST THE PSP <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%; text-align: center;">In Order</th> <th style="width:25%; text-align: center;">Not In Order</th> </tr> </thead> <tbody> <tr> <td>Photo/Picture</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Signature</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Date of Birth</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		In Order	Not In Order	Photo/Picture	<input type="checkbox"/>	<input type="checkbox"/>	Signature	<input type="checkbox"/>	<input type="checkbox"/>	Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>
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REMARKS Name/Signature/Initials: _____ 1st Verifier: _____ 2nd Verifier: _____ Date: _____ Date: _____		REMARKS Security Form No.: _____ 1st Validator: _____ 2nd Validator: _____ Date: _____ Date: _____												
RELEASE OF REQUEST/S														
Fee: _____ O.R. No.: _____ CERT: _____ AUTH: _____ Date: _____		Released by: _____ Received by: _____ Action Officer Signature of Eligible/Representative												
		Date: _____ Time: _____												

A. CERTIFICATION OF ELIGIBILITY (for no/lost original certificate)

1. One piece 1" x 1" Size photo with printed name and signature affixed prior to having the picture taken
 - Printed married name (**for married women**);
 - Signature must be on top of the printed name. **(PLEASE PRINT LEGIBLY AND FOLLOW SAMPLE PHOTO.)**
 - Photo should have been taken within three (3) months prior to filing of request for Certification of Eligibility;
 - Scanned, computer-generated photo/name/signature **will not be accepted**;
2. Original and properly accomplished ERRF and Declaration Form (DF).
ERRF and DF should be handwritten and **personally** accomplished by the eligible with affixed **signature** and **right thumbprint**.
3. Original copy of one (1) valid ID Card, or if the requesting party is abroad, please refer to additional requirements below;
4. Original and clear photocopy of Marriage Contract (for married women);
5. **Certification fee: Php 100.00 only one copy**; and
6. If through a representative, please refer to additional requirements below.



B. AUTHENTICATION OF ELIGIBILITY

1. Original Certificate of Eligibility or Report of Rating;
2. Original and properly accomplished ERRF.
ERRF should be handwritten and **personally** accomplished by the eligible with affixed **signature** and **right thumbprint**.
3. Original copy of one (1) valid ID Card of the eligible, or if the requesting party is abroad, please refer to additional requirements below;
4. Original and clear photocopy of Marriage Contract (for married women);
5. **Authentication fee: Php 50.00 per copy**; and
6. If through a representative, please refer to additional requirements below.

Choices for Government Issued ID Card/s: (Revised per MC No. 2, s.2018)

- | | | |
|-----------------------|---------------------------------|--|
| 1. Company/Office ID* | 7. NBI Clearance | 13. School ID* (validated for the current school year) |
| 2. BIR/Taxpayer's ID | 8. Police Clearance | 14. Barangay ID |
| 3. Passport | 9. Postal ID | 15. Seaman's Book |
| 4. SSS*/GSIS or UMID | 10. Voter's ID/Certification | 16. HDMF Transaction ID |
| 5. Driver's License | 11. Philhealth ID (w birthdate) | 17. PWD ID |
| 6. PRC License* | 12. Senior Citizen's ID | 18. Solo Parent ID |
| | | 19. Alien Certificate of Registration Identity Card |
| | | 20. CSC Eligibility Card |

***ID with no date of birth should be supported with original and photo copy of NSO/PSA Issued Birth Certificate.**

ADDITIONAL REQUIREMENTS

A. If request for certification or authentication is filed through a Representative:

1. Original Special Power of Attorney (SPA) or Authorization letter with hand-printed name and signature of authorized representative; and
2. Original copy of one (1) valid ID Card of the representative.

B. If the requesting party of the certification or authentication Works/Lives Abroad:

1. Clear photocopy of Passport; and
2. Clear photocopy of one (1) valid ID Card. } duly authenticated/validated by the Philippine Embassy or Consular Office

DECLARATION

That, I, _____, Filipino citizen, of legal age,
(First, Middle, and Last Name)
 _____, and a resident of _____, hereby state:
(Civil Status) (Address)

That, I am a _____ eligible. My eligibility was issued/granted by the
*(Type of Eligibility/Examination)
 Civil Service Commission _____ on _____.
(Central/Regional Office or Place of Issuance/Exam) (Date of Issuance/Exam)

(Please read Categories A-C and check/choose 1 ONLY.)

A. That, I lost my Report of Rating (ROR) or Certificate of Eligibility (COE) on _____,
 because of: (Date)
 _____ theft _____ flood/typhoon _____ other reason/s
 _____ fire _____ transfer of residence _____
 _____ termites _____ misplacement/negligence _____

That, despite diligent search and efforts to locate the said ROR/COE, I could not find the same such that I believe it is lost and beyond recovery.

B. That, I am not in possession of my Report of Rating (ROR) or Certificate of Eligibility (COE), because:
 _____ I did not receive/claim/pick-up my ROR or COE
 _____ I submitted my ROR or COE to the agency/employer

C. That, I want to replace my Report of Rating or Certificate of Eligibility, because:
 _____ it is old/torn/worn-out
 _____ my request for correction of my personal information has been duly granted by the CSC

That, I am executing this Declaration to attest to the truth of the foregoing, and, in support of my request for certification of my eligibility. Under oath, I declare under penalty of perjury that this has been accomplished by me, and is true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

(Signature of Eligible/Examinee) _____
(Date) 
(Right Thumb Print)

Identification Cards presented:
 Issued by: Issued at: Date of Issuance:
 1 _____
 2 _____

NOTE: ALL DETAILS FROM NAME TO IDENTIFICATION CARDS PRESENTED SHOULD BE ACCOMPLISHED BY THE ELIGIBLE/EXAMINEE

- | | | | |
|-------|--|---|--|
| *e.g. | Career Service Professional/Subprofessional
Police Officer / Police Officer I
Professional Board Examination for Teachers
Fire Officer / Penology Officer | PD 907
Barangay Official
Stenographer
Agricultural Officer | RA 1080 (Professional/Subprofessional/Teacher)
MC 11 (Data Encoder, Plumber, Carpenter, etc.)
Res. 435 (Security Guard, Messenger, etc.)
Others |
|-------|--|---|--|