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| 株式会社 小野寺組 御中 |  | 住所  商号又は名称  代表者氏名 |  |
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| 参加区別 | | 新 規（過去に取引 有 ・ 無 ） ・ 継 続 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 会社名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 営業所等 | | 名称 |  | | | | | | | | | | | | | | | | | | | | | | | ＴＥＬ(上段)／ＦＡＸ(下段) | | | | | | | | | | | | | | | | | | | | | | | | | | 担当者 | | | | | | | | |
| 本社(店) |  | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |  |  | |  | |  | |  | | |  |  |  | | |  | | |  | | | | | | | | |
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| 建設業許可 | | 許可番号 | 大臣・北海道知事 許可（ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 第 | | | |  | | | | | | | | | | | | | | | | 号 | | | | | | | | |
| 許可年月日 | 年 月 日 | | | | | | | | | | | | | | | | 有効期間 | | | | | | | | | 年 月 日～ 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 許可業種 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建設キャリア  アップシステム | | 事業者登録 | １．有　　　２．無 | | | | | | | | | | | | | | | | | | | | | | | 技能者登録 | | | | | | | | | | | | | １．有　　　２．無 | | | | | | | | | | | | | | | | | | | | | |
| 番号 |  |  |  |  | |  | | |  |  | |  |  | |  |  |  | | |  | |  |
| 資本・設立 | | 資本形態 | 個人・法人(株式・有限・合名・合資) | | | | | | | | | | | | | | | | | | | | | | | 創業 | | | | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 資本金 | (払込金) | | | | |  | | | | | | | | | | | | | 万円 | | | | | 設立 | | | | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 社会保険等  (該当する数字を  ○で囲む)  ※各番号等がわかる書類の写しを添付してください。  （証明書、領収書等。但し、金額は消してください） | | 健康保険 | | １．加入　　　２．未加入　　　　３．適用除外 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称： | | | | | | （全国健康保険協会（ | | | | | | | | | | | | | |  | | | | | | | | | | ）支部・（ | | | | | | | |  | | | | | | | | | | | | ）健康保険組合 | | | | | | |
|  | | | | | | 事業所整理番号（ | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） | |
|  | | | | | | 事業所番号　　（ | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） | |
| 厚生年金保険 | | １．加入　　　２．未加入　　　　３．適用除外 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 事業所整理番号（ | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） | |
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| 雇用保険 | | １．加入　　　２．未加入　　　　３．適用除外 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 事業所番号　（ | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） | |
|  | | | | | | 労働保険番号（ | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） | |
| 退職金制度 | | １．有　　　２．無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ・建退共　　・中退共　　・特退共　　・その他（ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | ） | |
| 契約成立年月日（ | | | | | | | | | | | | |  | | | | | | | | | | ）・共済契約者番号（ | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | ） | |
| 労災保険  特別加入制度 | | １．中小事業主　　　２．一人親方　　　３．未加入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 事業所番号　（ | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） | |
| 主な  営業内容 | |  | | | | | | | | | | | | | | | | | | | | | | | | 主要取引  金融機関 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| 振込指定口座  金銭領収印鑑 | 銀行名 | | 銀行 | | | | | | | | 支店 | | | | | | | | | | | 当座  普通 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座名義 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 消費税に関する申出 | | | １．課税事業者 | | | | | | | | | | | 登録番号 | | | | | | | | | | | | | | | | | | | Ｔ | | |  | |  | |  | | |  | |  | |  | | | |  | |  | |  |  |  |  | |  |
| ２．免税事業者 | | | | | | | | | | | 課税事業者への変更を ・検討している( 　　　年　　月頃)  　　　　　　　　　　 ・検討していない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ISO・OHSAS等管理ｼｽﾃﾑ導入の有無 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*※上記の登録内容等（付属資料等を考慮する）をもとに初期登録時の評価を工事管理部長が行う。*

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| 添付書類：  （次の書類の写しを添付して提出して下さい）   * 建設業許可通知書 * 建設業許可業種に係る格付け決定通知書 * 建設業許可申請書における支店（営業所）登録   　　　建設業退職金共済契約者証（写） |  | | | | | | | 初期評価 |
| 社長 | 専務 | 常務  (菅原) | 常務  (小野寺) | 土木部長 | 建築部長 | 管理部長 |  |