



Document title
**APPLICATION FOR LOCAL FERTILIZER PRODUCT
REGISTRATION**

Form no.	FPA-FRD-F01
Revision no.	05
Date	10.10.2022
Page	1 of 2

Reminder: Please fill out the form completely and legibly

Contact person : _____
 Designation : _____
 Contact number : _____
 E-mail address : _____

(to be filled out by FRD)

Date Received	
Date Processed	
Application No.	
Amount Paid	
OR Number	
OR Date	

New TPA Additional Supplier/Trader
 Renewal Label Expansion CPR No.: _____
 Amendment Upgrade to Full Expiry Date: _____

FPA Manufacturer and/or Distributor License Nos. (N/A if none yet): _____ Expiry Date: _____
 Passed Test Result Evaluation Summary No.: _____ Date of Test Result: _____

1. PRODUCT INFORMATION	
a. Brand/Trade Name	: _____
b. Type of Product (e.g. Inorganic, raw material)	: _____
c. Guaranteed Composition of Product (e.g. N=14%, P ₂ O ₅ =14%, K ₂ O=14%)	: _____ _____
(Please indicate the proper units e.g. %w/w,%w/v, ppm)	
d. Size/Type of Packaging	: _____

2. COMPANY INFORMATION	
a. Name of Company	: _____
b. Business Address and Tel. No.	
Head office	: _____
Telephone no.	: _____
Regional/Provincial office	: _____
Telephone no.	: _____
Location of Plant	: _____
Telephone no.	: _____
Location of warehouse	: _____
Telephone no.	: _____

3. LIST OF RAW MATERIALS (specify chemical name/microbial species, amount needed, and percentage to formulation)					
CHEMICAL NAME / MICROBIAL SPECIES	QUANTITY NEEDED PER 100kg/L PRODUCTION	PROPORTION TO THE FINAL PRODUCT (in %)	CHEMICAL NAME / MICROBIAL SPECIES	QUANTITY NEEDED PER 100kg/L PRODUCTION	PROPORTION TO THE FINAL PRODUCT (in %)
1.			12.		
2.			13.		
3.			14.		
4.			15.		
5.			16.		
6.			17.		
7.			18.		
8.			19.		
9.			20.		
10.			21.		
11.			TOTAL		100%



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4. TARGET CROPS		
1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

5. FPA ACCREDITED RESEARCHER HANDLING THE EXPERIMENT/FIELD TEST (if applicable)		
(Surname)	(First name)	(M.I.)

6. ESTIMATED PRICING	
a. Unit of measure (Please state if in metric ton, liter, etc.)	_____
b. Ex-factory Price	_____

CONSENT TO PROCESS AND SHARE DATA

I certify that I have truthfully accomplished this form and hereby authorize the Fertilizer and Pesticide Authority to collect and process the data indicated herein. I understand that my consent does not preclude the existence of other criteria for lawful processing of personal data, and does not waive any of my rights under the Data Privacy Act of 2012 and other applicable laws.

Signature over Printed Name of the Contact Person

I HEREBY CERTIFY that the foregoing data and information including those in the annexes hereof are true and correct to the best of my knowledge.
 IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of _____ year ____ at _____, Philippines.

Name and Signature of Firm’s President, Manager
or Authorized Representative

CONFIDENTIALITY NOTICE: FPA Officials and employees are reminded to keep confidential information and not to disclose the same and/or its contents to any person pursuant to Section 7 (C) of R.A. 6713

REPUBLIC OF THE PHILIPPINES
PROVINCE OF _____
MUNICIPALITY/CITY OF _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____ year _____ at _____, Philippines. Affiant exhibited to me his/her Residence Certificate No. _____ issued on _____ at _____, Philippines.

Doc. No. _____
 Page No. _____
 Book No. _____
 Series of _____

 NOTARY PUBLIC
 Until _____
 PTR NO. _____

(Original should bear documentary stamp)