



Document title
**APPLICATION FOR LICENSE TO OPERATE AS
 FERTILIZER HANDLER**

Form no.	FPA-FRD-F03
Revision no.	05
Date	10.10.2022
Page	1 of 2

Reminder: Please fill out the form completely and legibly

Contact Person : _____
 Position/Designation : _____
 Contact number : _____
 E-mail address : _____

To be filled out by FPA	
Date Received	_____
Date Processed	_____

Type of Application for License to Operate (LTO) as Fertilizer Handler			
New/ Renewal	License to Operate <i>(Select category)</i>	License No. <i>(for Renewal)</i>	Expiry Date <i>(for Renewal)</i>

To be filled out by FPA			
Application No.	Amount Paid	O.R. No.	O.R. Date

1. Company Information	
a. Company Name :	_____
b. Company Address :	_____
	<small>House/Block/Lot No. Street Subdivision/Village Barangay</small>
	<small>District City/Municipality Province ZIP Code</small>
c. Type of Ownership :	<input type="checkbox"/> Corporation <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Others (please specify): _____ <input type="checkbox"/> Cooperative <input type="checkbox"/> Partnership
d. Tax Identification No. (TIN) :	_____
e. Environmental Permit/s :	<input type="checkbox"/> Environmental Compliance Certificate <input type="checkbox"/> Certificate of Non-Coverage <input type="checkbox"/> Mining Permit ECC / CNC / Mining Permit No.: _____

2. List of Physical Properties (Owned/Rented)				
Name of Facility	Owned / Rented	Indicate if Mftg Plant, Warehouse, or Store	Fertilizer Production/ Storage Capacity	Complete Address

(Continue on separate sheet if necessary)

3. Capitalization	
For New Applicants: <i>Paid-up Capital or Capitalization</i> (Attach SEC Articles of Incorporation / Notarized Certificate of Capitalization for Fertilizer)	_____
For Renewal: <i>Equity or Capital Deficiency</i> : (Attach Latest ITR and AFS / Notarized Certificate of Capitalization and Retained Earnings for Fertilizer)	_____

4. Board of Directors and Management	
Name	Position

(Continue on separate sheet if necessary)

5. Enumeration of brands/grades/fertilizer materials you manufacture/import/indent/distribute/export												
Brand Name	FPA Registration No.	Expiry Date of CPR (mm/dd/yyyy)	Please check									
			Manufacturer	Formulator	Processor	Bulk Blender	Importer/End-User	Distributor	Exporter	Indenter	Bulk Handler	Institutional User

(Continue on separate sheet if necessary)



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Page	2 of 2

6. List of Distributors and Dealers	
Distributor/Dealer	Complete Address
(Continue on separate sheet if necessary)	

7. For IMPORTERS / DISTRIBUTORS, list of Foreign / Local Suppliers	
Local/Foreign Supplier	Complete Address
(Continue on separate sheet if necessary)	

8. For INDENTORS, list of Foreign Suppliers represented in the Philippines	
Foreign Supplier	Complete Address
(Continue on separate sheet if necessary)	

9. For BULK HANDLERS, list of Bulk-Handling Equipment	
(Continue on separate sheet if necessary)	

10. In case of Distributors, are you capable of extending credit to your dealers?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Approximate loan ceiling per annum: _____

CONSENT TO PROCESS AND SHARE DATA	
<p><i>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.</i></p>	
_____ 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. _____