



Document title  
**APPLICATION FOR MANGO FLOWER INDUCER  
CONTRACTOR**

Form no.	FPA-FRD-F08
Revision no.	04
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 : \_\_\_\_\_  
 New  
 Renewal License no.: \_\_\_\_\_  
 Expiry date: \_\_\_\_\_

To be filled out by FPA	
Date Received	
Date Processed	
Application No.	
Amount Paid	
OR Number	
OR Date	

**1. Applicant / Company Information**

a. Applicant / Company Name : \_\_\_\_\_  
 b. Applicant / Company Address : \_\_\_\_\_  

House/Block/Lot No.
Street
Subdivision/Village
Barangay
  

District
City/Municipality
Province
ZIP Code
  
 c. Contact no. : \_\_\_\_\_  
 d. E-mail Address : \_\_\_\_\_  
 e. Area of Coverage : \_\_\_\_\_

**2. List of Chemicals Used for Flower Induction**

Brand Name	Guaranteed Analysis	FPA Registration No.	Expiry Date

*(Continue on separate sheet if necessary)*

**3. Source/Supplier of Chemicals**

Company Name	Complete Address

*(Continue on separate sheet if necessary)*

**4. List of equipment used for operation**


*(Continue on separate sheet if necessary)*

**5. How long have you been a contractor?**

\_\_\_\_\_

**6. Safety measures employed in the handling of fertilizer**


*(Continue on separate sheet if necessary)*



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**7. Name of personnel with training or experience on application**

Name of Personnel	Date of Training	Place of Training	Conducted by

*(Continue on separate sheet if necessary)*

**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 Applicant

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 the Applicant

*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)