



REPUBLIC OF THE PHILIPPINES
 DEPARTMENT OF AGRICULTURE
 FERTILIZER AND PESTICIDE AUTHORITY
 FPA Bldg. B.A.I. Compound Visayas Ave. Diliman, Quezon City P.O. Box 2582, Q.C.
 Tel. Nos. 920-8173*920-8573*922-3368-441-1601
 E-mail address: fpacentral77@gmail.com
 Website: http://fpa.da.gov.ph

APPLICATION FOR AGRICULTURAL PESTICIDE WAREHOUSE REGISTRATION CERTIFICATE

_____ Conventional
 _____ PIP

New _____
 Renewal- License No _____
 FPA Control No. _____
 Expiry Date: _____

1. Name of Applicant and Address	FPA USE ONLY																												
_____	Date Submitted: _____																												
2. Name, Address(es) and storage capacity(ies) of Warehouse(s). Please indicate the Street No./ Barrio/ Town/ City & Province	Received by: _____																												
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%; text-align: left;">Name of Warehouse</th> <th style="width:25%; text-align: left;">Address</th> <th style="width:25%; text-align: left;">Storage Capacity & total Floor Area for Fertilizer / Pesticide</th> <th style="width:25%;"></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name of Warehouse	Address	Storage Capacity & total Floor Area for Fertilizer / Pesticide		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	O.R. No.: _____
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_____	_____	_____	_____																										
_____	_____	_____	_____																										
	Amount Paid: _____																												
	Date: _____																												
	Remarks: _____																												

Date of Application : _____

 Name & Signature of Owner or
 Authorized Representative

REPUBLIC OF THE PHILIPPINES)
 PROVINCE OF _____)S.S.
 MUN/CITY OF _____)

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

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 Series No.: _____

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