

	Document title	Form no.	FPA-FRD-F07
	APPLICATION FOR DEALERSHIP	Revision no.	2
		Date	09.24.2018
		Author	S.A.Binobo
		Approved by	J.B.Lansangan
		Page	1 of 2

Reminder: Please fill out the form completely and legibly

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

New
 Renewal License no.: _____ Expiry date: _____

Fertilizer Both Fertilizer and Pesticide
 Pesticide Other Agricultural Chemicals

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

(to be filled out by FRD)

1. BUSINESS INFORMATION

a. Name of Company : _____
 a. TIN no. : _____
 b. Telephone No. : _____
 c. Business Address : _____
 Head office : _____
 Branches : _____

b. Type of Ownership
 Single Proprietorship Corporation
 Partnership Cooperative

c. Name of Owner : _____
 (Surname) (First name) (M.I.)

d. Name of Authorized Representative : _____

2. CAPITALIZATION

Write amount with denomination : _____

3. Name of Personnel who attended Accredited Safety Dispenser's (ASD) Training

Name	Date	Place	Rating

Note: Use separate sheets if necessary

4. List of Distributors and Dealers given by region

Distributors/Dealers	Location

Note: Use separate sheets if necessary

5. List of registered fertilizers and pesticides being sold

Note: Use separate sheets if necessary

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6. List of Physical Facilities (Owned/Rented)

Name of the Facility (indicate if plant/warehouse/store)	Capacity	Location

7. Enumeration of Safety Features in plant/store Warehouse

8. Other information

a. Number of personnel employed _____

b. Did you have any training in pesticide handling? No Yes

c. Are you capable of extending credit to farmers in your area? No Yes Approximate loan ceiling per annum: _____

CONSENT TO PROCESS AND SHARE DATA

In compliance with the Data Privacy Act, I hereby give my consent to the Fertilizer and Pesticide Authority to share my contact details to the public for whatever legal purpose it may serve.

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

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.

NOTARY PUBLIC

Doc. No. _____

Page No. _____

Book No. _____

Series of _____

Until _____

PTR NO. _____

(Original should bear documentary stamp)