

	Document title	Form no.	FPA-FRD-F09
	<b>APPLICATION FOR EXPERIMENTAL USE PERMIT FOR FERTILIZER EFFICACY TRIAL</b>	Revision no.	3
		Date	03.19.2021
		Author	M.M. Salita
		Approved by	J.B. Lansangan
		Page	1 of 1

**Reminder: Please fill out the form completely and legibly**

Contact person : \_\_\_\_\_  
 Contact number : \_\_\_\_\_  
 E-mail address : \_\_\_\_\_

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

(to be filled out by FRD)

1. PRODUCT INFORMATION	
a. Brand/Trade Name	: _____
b. Purpose	: <input type="checkbox"/> Initial trial <input type="checkbox"/> Second trial <input type="checkbox"/> Label expansion
c. Guaranteed Composition	: _____
(Please indicate the proper units e.g. %w/w, %w/v)	
d. Product Classification	
	<input type="checkbox"/> New Inorganic <input type="checkbox"/> Specialty/Controlled <input type="checkbox"/> Plant Growth Regulator
	<input type="checkbox"/> Biostimulant <input type="checkbox"/> Soil Conditioner <input type="checkbox"/> Biofertilizer/Decomposer/GMO
e. Origin	: <input type="checkbox"/> Local <input type="checkbox"/> Imported

2. COMPANY INFORMATION	
a. Company name	: _____
b. Company address	: _____
c. TIN no.	: _____
d. Telephone no.	: _____

3. BIOEFFICACY TRIAL INFORMATION	
a. Test crop	: _____
b. Total amount of product needed	: _____
c. Inclusive dates for the duration of trial	: _____
d. Proposed treatment and method of application	: _____
e. Location of Trial	: _____
f. Name of Researcher/Accreditation No.	: _____
g. Address of Researcher/Research institute/ Affiliation	: _____

#### 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.

Doc. No. \_\_\_\_\_  
 Page No. \_\_\_\_\_  
 Book No. \_\_\_\_\_  
 Series of \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
 Until \_\_\_\_\_  
 PTR NO. \_\_\_\_\_