



## APPLICATION FOR ACCREDITATION CERTIFIED PESTICIDE APPLICATOR

<b>Please check:</b> <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Renewal</b>		<input type="checkbox"/> Agricultural Fumigator <input type="checkbox"/> Agricultural Terminator  <input type="checkbox"/> Drone Controller <input type="checkbox"/> Drone Operation Crew		
Date of training/last symposium attended:	Venue :			
Name				
Email Address	Contact Number	Age		
Citizenship		Educational Attainment		
Company Name				
Company Address				
<i>I hereby certify that the above information is correct to the best of my knowledge.</i>  _____ Signature				
<b>Requirements to be attached to this application</b>	1. Certificate of attendance to training/symposium 2. Recently issued Certificate of Employment 3. Monthly Pest Control Operations Report (in-house/renewal) 4. List of Chemicals Used (Renewal) 5. Copy of Civil Aviation Authority of the Philippines (CAAP) license (for Drone Applicator only)			
<b>PRIVACY NOTICE AND CONSENT TO USE DATA</b>  <i>We respect your privacy and keep your personal information confidential unless we are lawfully required or allowed to disclose it or that you give your written consent to such disclosure.</i>				
<b>FOR FPA USE ONLY:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">           Received by / Date:             _____         </td> <td style="width: 50%; vertical-align: top;">           Date Issued : _____            Amount Paid : _____            Official Receipt No. : _____            Place : _____         </td> </tr> </table>			Received by / Date:  _____	Date Issued : _____ Amount Paid : _____ Official Receipt No. : _____ Place : _____
Received by / Date:  _____	Date Issued : _____ Amount Paid : _____ Official Receipt No. : _____ Place : _____			