



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>

NOT FOR SALE
FPA FORM NO. P-150

APPLICATION FOR AGRICULTURAL PESTICIDE NATIONAL DISTRIBUTORSHIP LICENSE

_____ Conventional
_____ PIP

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

1. Business Name of Applicant _____ _____ Address : _____ _____ _____ TIN No. : _____ Tel No. : _____	FPA USE ONLY Date Submitted: _____ Received by: _____ O.R. No. _____ Amount Paid: _____ Date: _____ Remarks: _____
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2. Capitalization : (Attached most recent Financial Statement)

3. Supplier(s) Represented (Use additional sheets if necessary)

4. List of Area Distributor(s) and addresses (use additional sheet if necessary; update yearly)

5. Major Warehouse Points (Give exact address: Use additional sheet if necessary)

6. List of Registered Products(s) (Use additional sheet if necessary; update yearly)

7. Name of Accredited Responsible Care Officer (ARCO). Attach photocopy of Accreditation ID.



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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.

Signature _____
Printed Name _____
Position _____

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.

Doc. No. : _____
Page No. : _____
Book No. : _____

NOTARY PUBLIC
Until December 31, _____
PTR No. _____

Original bears documentary stamps.