



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-180

APPLICATION FOR COMMERCIAL APPLICATORS LICENSE

_____ Fumigator
 _____ Drone Spraying Operator

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

1. Business Name of Applicant _____ _____ TIN No. : _____ Tel No. : _____ 2. Business Address/es a. Main _____ _____ b. Branch/es (Use additional sheet if necessary) _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">FPA USE ONLY</th> </tr> <tr> <td style="padding: 5px;">Date Submitted:</td> <td style="border-bottom: 1px solid black; width: 80%;"></td> </tr> <tr> <td style="padding: 5px;">Received by:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">O.R. No.</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">Amount Paid:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">Date:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">Remarks:</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	FPA USE ONLY		Date Submitted:		Received by:		O.R. No.		Amount Paid:		Date:		Remarks:	
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3. Capitalization : (Attached most recent Financial Statement) _____	4. Area of Coverage (Province, Region) _____
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5. Activities	6. Equipment Use in Operation	Quantity
_____ User _____ Applicator	a. Storage _____ _____	
	b. Actual Pesticide Applicator _____ _____	

7. Chemical/s Used in Operation (Use additional sheet if necessary)	
Brand Name/s	Supplier/s
_____	_____
_____	_____
_____	_____

8. Name/s of FPA Certified Pesticide Applicator Employed (Use additional sheets if necessary)		
Title	Control / Ref. No.	Expiry Date of CPA ID
_____	_____	_____
_____	_____	_____
_____	_____	_____



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9. PCO Association membership (submit copy of certificate of membership)

10. Training Seminar/s Attended (Related to Pest Control)		
Title	Place & Date	No. of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Years of Business		
Inclusive Year	No. of Employee	Type of Operation
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. What safety measures / equipment do you employ in handling pesticides.

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. : _____ NOTARY PUBLIC
 Page No. : _____ Until December 31, _____
 Book No. : _____ PTR No. _____

Original bears documentary stamps.