



Document title

APPLICATION FOR ACCREDITATION ASD / ARCO

| | |
|--------------|---------------|
| Form no. | FPA-PMID - 01 |
| Revision no. | 3 |
| Date | 06.07.2022 |
| Author | A.D Gonzales |
| Approved by | D.M De Leon |
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Latest
1 x 1
Picture

Control No. _____

Please check:

New

Accredited Safety Dispenser (**ASD**)

Renewal

Accredited Responsible Care Officer (**ARCO**)

Date of training/last symposium attended:

Venue:

| | | |
|-----------------|----------------|---------|
| FIRST NAME | MIDDLE INITIAL | SURNAME |
| EMAIL ADDRESS | | |
| CONTACT NUMBER | | |
| COMPANY | | |
| COMPANY ADDRESS | | |

I hereby certify that the above information is correct based on personal knowledge.

Signature

| | ARCO | ASD |
|---|------|-----|
| Requirements | | |
| 1. Attendance to training (New) | ✓ | ✓ |
| 2. Attendance to 2 symposia (Renewal) | ✓ | |
| 3. Passed the examination administered by FPA (New) | ✓ | |
| 4. Certificate of Employment/Proof of ownership in case the applicant is the owner of company and the one who signed the COE. | ✓ | |

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