



Document title  
**APPLICATION FOR LICENSE TO REPACK FERTILIZERS  
 (DISTRIBUTOR AND DEALER-LEVEL)**

|              |             |
|--------------|-------------|
| Form no.     | FPA-FRD-F04 |
| Revision no. | 03          |
| Date         | 01.19.2022  |
| Page         | 1 of 2      |

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

Contact Person : \_\_\_\_\_  
 Position/Designation : \_\_\_\_\_  
 Contact number : \_\_\_\_\_  
 E-mail address : \_\_\_\_\_

| To be filled out by FPA |       |
|-------------------------|-------|
| Date Received           | _____ |
| Date Processed          | _____ |

| Type of Application for License to Repack Fertilizers |  |                                     |                                     |
|---|--|-------------------------------------|-------------------------------------|
| New/<br>Renewal                                       | License to Operate<br><i>(Select category)</i> | License No.<br><i>(for Renewal)</i> | Expiry Date<br><i>(for Renewal)</i> |
|   |  |                                     |                                     |
|   |  |                                     |                                     |
|   |  |                                     |                                     |
|   |  |                                     |                                     |
|   |  |                                     |                                     |

| To be filled out by FPA |             |          |           |
|-------------------------|-------------|----------|-----------|
| Application No.         | Amount Paid | O.R. No. | O.R. Date |
|                         |             |          |           |
|                         |             |          |           |
|                         |             |          |           |
|                         |             |          |           |
|                         |             |          |           |

| 1. Company Information          |  |
|---------------------------------|--|
| a. Company Name                 | : _____  |
| b. Company Address              | _____<br>_____   |
| c. Type of Ownership            | : <input type="checkbox"/> Corporation <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Others (please specify:)<br><input type="checkbox"/> Cooperative <input type="checkbox"/> Partnership      _____<br>SEC/DTI/CDA Registration No.: _____ |
| d. Tax Identification No. (TIN) | : _____  |

| 2. List of Repacking Facilities (Owned/Rented) |                  |                |               |                             |
|--|------------------|----------------|---------------|-----------------------------|
| Name of Repacking Site                         | Complete Address | Owned / Rented | Name of Owner | List of Repacking Equipment |
|  |                  |                |               |                             |
|  |                  |                |               |                             |
|  |                  |                |               |                             |
|  |                  |                |               |                             |
|  |                  |                |               |                             |

*(Continue on separate sheet if necessary)*

| 3. List of Products to be Repacked (attach the approved product label) |              |                    |                  |
|--|--------------|--------------------|------------------|
| FPA Reg No.  | Product Name | Expiry Date of CPR | Repacking Size/s |
|  |              |                    |                  |
|  |              |                    |                  |
|  |              |                    |                  |
|  |              |                    |                  |
|  |              |                    |                  |
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*(Continue on separate sheet if necessary)*



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| Form no.     | FPA-FRD-F04 |
| Revision no. | 3           |
| Date         | 01.19.2022  |
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**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. \_\_\_\_\_

(Original should bear documentary stamp)