



Document title
**APPLICATION FOR LOCAL FERTILIZER PRODUCT
REGISTRATION**

Form no.	FPA-FRD-F01
Revision no.	04
Date	01.19.2022
Page	1 of 2

Reminder: Please fill out the form completely and legibly

Contact person : _____
 Designation : _____
 Contact number : _____
 E-mail address : _____

(to be filled out by FRD)

Date Received	
Date Processed	
Application No.	
Amount Paid	
OR Number	
OR Date	

New TPA Additional Supplier
 Renewal Label Expansion CPR no.: _____
 Amendment Upgrade to Full Expiry date: _____
 FPA License Nos. (N/A if none yet): _____ Expiry date: _____
 Test Result Evaluation Summary No. (w/ Passed remarks): _____ Date of Test Result: _____

1. PRODUCT INFORMATION	
a. Brand/Trade Name	: _____
b. Type of Product (e.g. Inorganic, raw material)	: _____
c. Guaranteed Composition of Product (e.g. N=14%, P ₂ O ₅ =14%, K ₂ O=14%)	: _____ _____
	(Please indicate the proper units e.g. %w/w,%w/v, ppm)
d. Size/Type of Packaging	: _____

2. COMPANY INFORMATION	
a. Name of Company	: _____
b. Business Address and Tel. No.	
Head office	: _____
	Telephone no. : _____
Regional/Provincial office	: _____
	Telephone no. : _____
Location of Plant	: _____
	Telephone no. : _____
Location of warehouse	: _____
	Telephone no. : _____

3. LIST OF RAW MATERIALS		
1.	4.	7.
2.	5.	8.
3.	6.	9.

4. TARGET CROPS		
1.	4.	7.
2.	5.	8.
3.	6.	9.

5. FPA ACCREDITED RESEARCHER HANDLING THE EXPERIMENT/FIELD TEST (if applicable)		
(Surname)	(First name)	(M.I.)



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6. ESTIMATED PRICING

- a. Unit of measure
(Please state if in metric ton, liter, etc.) _____
- b. Ex-factory Price _____

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)