



Document Title

**APPLICATION FOR AGRICULTURAL PESTICIDE
AREA DISTRIBUTORSHIP LICENSE**

Form No.	P-160-A
Revision No.	1
Date	09.14.20
Author	J.V. Rivera
Approved by	J.M. Romualdez
Page	1 of 2

Reminder: Please fill out this form completely and legibly.

_____ Conventional
_____ PIP

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

<p>1. Business Name of Applicant</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p>TIN No. : _____</p> <p>Tel No. : _____</p>	<table border="1"> <tr> <td>Date Received</td> <td>_____</td> </tr> <tr> <td>Date Processed</td> <td>_____</td> </tr> <tr> <td>Amount Paid</td> <td>_____</td> </tr> <tr> <td>OR Number</td> <td>_____</td> </tr> <tr> <td>OR Date</td> <td>_____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(To be filled out by PRD.)</td> </tr> </table>	Date Received	_____	Date Processed	_____	Amount Paid	_____	OR Number	_____	OR Date	_____	(To be filled out by PRD.)	
Date Received	_____												
Date Processed	_____												
Amount Paid	_____												
OR Number	_____												
OR Date	_____												
(To be filled out by PRD.)													

2. Capitalization : (Write the amount with denomination.)

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

4. List of Dealer(s) and addresses (Use additional sheets, if necessary; update yearly.)

5. Major Warehouse Points (Give exact address. Use additional sheets, if necessary.)

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

7. Name of Accredited responsible Care Officer (ARCO) (Attach a copy of accreditation ID.)

8. Applicant Email Address

9. PRIVACY NOTICE AND CONSENT TO USE DATA
We respect your privacy and keep your personal information confidential unless we are lawfully required or allowed to disclose it or that you give your written consent to such disclosure.

10. 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.

Signature _____
Printed Name _____
Position _____



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<i>Page</i>	<i>2 of 2</i>

REPUBLIC OF THE PHILIPPINES
PROVINCE OF _____
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 _____
PTR No. _____

Original must bear documentary stamp.