



Document Title

**APPLICATION FOR AGRICULTURAL PESTICIDE DEALERSHIP LICENSE**

Form No.	P-130
Revision No.	1
Date	09.14.20
Author	J.V. Rivera
Approved by	J.M. Romualdez
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**Reminder: Please fill out this form completely and legibly.**

\_\_\_\_\_ Pesticide only  
 \_\_\_\_\_ Both Fertilizer & Pesticide

\_\_\_\_\_ New  
 \_\_\_\_\_ Renewal- License No  
 \_\_\_\_\_ FPA Control No.  
 \_\_\_\_\_ Expiry Date:

<b>1. Business Name of Applicant</b>													
Address: _____ a.) Main _____ b.) Branch/es _____ _____ TIN No. : _____ Tel No. : _____	<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. Name of Owner:** \_\_\_\_\_  
 (Family) (First) (Middle)  
 Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Age: \_\_\_\_\_

**3. Name of Authorized Representative:** \_\_\_\_\_

**4. Type of Ownership:**  
 \_\_\_\_\_ Single proprietorship \_\_\_\_\_ Corporation  
 \_\_\_\_\_ Partnership \_\_\_\_\_ Cooperative

**5. Capitalization:** P \_\_\_\_\_

**6. Name of Personnel who attended Agro-dealers/ retailers training:**

Name	Date & Place of Training	Rating
_____	_____	_____
_____	_____	_____

**7. List of Fertilizer and Pesticide Products:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**8. List of Outlets (Business Name & Address:)**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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**9. Physical Facilities:**

<b>Warehouse</b>	<b>Capacity</b>	<b>Store</b>	<b>Capacity</b>
_____ Rent	_____	_____ Rent	_____
_____ Own	_____	_____ Own	_____
_____ Others	_____	_____ Others	_____

Location:

<b>Warehouse</b>	<b>Store</b>
_____ Residential Area	_____ Residential Area
_____ Commercial	_____ Commercial
_____ Agricultural	_____ Agricultural

**10. What safety features do you have in the store/warehouse? Enumerate.**

(Use separate sheets, if necessary.): \_\_\_\_\_  
 \_\_\_\_\_

**11. Did you have any training in pesticide handling?** \_\_\_\_\_

**12. Number of personnel employed:** \_\_\_\_\_

**13. Are you capable of extending credit to farmers in your area? Approximate loan ceiling per annum:** \_\_\_\_\_

**14. Applicant Email Address:** \_\_\_\_\_

**15. 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.*

**16. 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 \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, Philippines

Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Designation \_\_\_\_\_

**REPUBLIC OF THE PHILIPPINE**  
**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. : \_\_\_\_\_ NOTARY PUBLIC  
 Page No. : \_\_\_\_\_ Until \_\_\_\_\_  
 Book No. : \_\_\_\_\_ PTR No. \_\_\_\_\_

Original must bear documentary stamp.