

	Document Title	Form No.	P-110
	APPLICATION FOR AGRICULTURAL PESTICIDE FORMULATOR / MANUFACTURER / EXTRUDER LICENSE	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: _____
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1. Business Name of Applicant Address : _____ _____ TIN No. : _____ Tel No. : _____	<table border="1" style="width: 100%;"> <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. Address of Formulation / Manufacturing / Extrusion Plant _____

4. Environmental Compliance Certificate No. _____ Permit to Operate No. _____ Expiry Date _____
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5. List of Pesticides Formulated / Manufactured / Extruded (Use additional sheets, if necessary.)			
Product	Formulation Type	Product Owner I/	Volume / Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Formulation Capability Rated Capacity _____ Operating Capacity	7. No. of Employees _____	8. Area of Compound _____	9. Location of Plant _____ Agricultural _____ Residential _____ Industrial _____ Others (specify)
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10. Occupational / Safety Arrangements In House Physician: _____ Referrals: _____ Physician: _____ Hospital/ Clinic: _____ Address: _____		Clinic _____ _____ _____	Yes _____ No _____
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11. Technical Staff: Name, PRC License No.

Plant Manager _____
 PRC license # _____
 Formulation Chemist _____
 PRC license # _____
 Quality Control Chemist _____
 PRC license # _____

12. Name and Address of Laboratory, if not located within the plant.

13. Name of Accredited Responsible Care Officer (ARCO)
 (Attach a copy of accreditation ID.)

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.

Signature _____
 Printed Name _____
 Position _____

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. : _____ NOTARY PUBLIC
 Page No. : _____ Until _____
 Book No. : _____ PTR No. _____

Original must bear documentary stamp.