



Document Title

**APPLICATION FOR AGRICULTURAL PESTICIDE  
IMPORTER / INDENTOR / EXPORTER LICENSE**

Form No.	P-150
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.**

\_\_\_\_\_ Conventional  
\_\_\_\_\_ PIP

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

<p><b>1. Business Name of Applicant</b></p> <p>Address : _____</p> <p>_____</p> <p>TIN No. : _____</p> <p>Tel No. : _____</p>	<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.)													
<p><b>2. Capitalization :</b> (Write the amount with denomination.)</p> <p>_____</p>													

<p><b>3. Mechanism of Payment</b></p> <p>_____ Letter of Credit _____ Others, specify _____ _____</p>	<p><b>4. Type of Activity</b></p> <p>Importer _____ Indentor _____ Exporter _____ Others _____</p>
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**5. Pesticide imported** (Use additional sheets, if necessary.)

Formulated	Technical	Name & Address of Supplier
_____	_____	_____
_____	_____	_____
_____	_____	_____

**6. In country major warehouse point(s)** (Use additional sheets, if necessary.)

Name of Warehouse / Address	Capacity
_____	_____
_____	_____
_____	_____

**7. Form and package of imported material to be passed on to immediate recipient**

_____ As is	_____ Technical Material
_____ Repacked	_____ Formulated Products



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**8. Name of Accredited Responsible Care Officer (ARCO) (Attach photocopy of Accreditation ID.)**

Name of ARCO Expiry Date

\_\_\_\_\_

**9. Applicant's Email Address**

\_\_\_\_\_

**10. 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.*

**11. 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 agree to furnish FPA copies of importation documents after shipment/importation of pesticide / agricultural chemical not later than 15 days upon arrival of shipment/importation. Further, I, 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 PHILIPPINE**  
**PROVINCE OF \_\_\_\_\_**  
**MUNICIPALITY/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.