



Document Title

**APPLICATION FOR AGRICULTURAL PESTICIDE  
REPACKER LICENSE**

Form No.	P-120
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><b>1. Business Name of Applicant</b></p> <p>Address : _____</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.)													

**2. Capitalization :** (Write the amount with denomination.)  
\_\_\_\_\_

**3. Address of Repacking Plant**  
\_\_\_\_\_

**4. Environmental Compliance Certificate No.** \_\_\_\_\_  
**Permit to Operate No.** \_\_\_\_\_  
**Expiry Date** \_\_\_\_\_

**5. Repacking Set-Up and Equipment**  
\_\_\_\_\_

<b>6. Rated Capacity</b> _____	<b>7. No. of Employee/s</b> _____
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**8. List of Specific Products Repacked** (Use additional sheets, if necessary)

Product	Repacking Type	Formulation Type	Importer / Distributor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<p><b>9. Do you use your own brand name(s) for repacked products</b></p> <p>_____ Yes _____ No</p>	<p><b>10. Who Affixes or attached labels on repacked products?</b></p> <p>_____ Brand / Label owner _____ Repacker</p>	<p><b>11. Source of Labels</b></p> <p>_____ Brand / Label owner _____ Repacker</p>
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<p><b>12. Occupational Safety Arrangement</b></p> <p>In Plant: _____ Referrals: _____</p>	<p><b>13. Location of Plant</b></p> <p>_____ Agricultural _____ Residential _____ Industrial _____ other (specify)</p>	<p><b>14. Area of Compound</b></p> <p>_____</p> <p>_____</p>
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**15. Technical Staff: Name, PRC License No.**

Plant Manager \_\_\_\_\_  
 PRC license # \_\_\_\_\_  
 Quality Control Chemist \_\_\_\_\_  
 PRC license # \_\_\_\_\_

**16. Name of Accredited Responsible Care Officer (ARCO)**  
 (Attach photo copy of Accreditation ID.)

\_\_\_\_\_

**17. Applicant Email Address:**

\_\_\_\_\_

**18. 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.*

**19. 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.