



Document title

APPLICATION FOR ACCREDITATION CERTIFIED PESTICIDE APPLICATOR

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Latest
1 x 1
Picture

Control No. _____

Please check:

New

Agricultural Fumigator

Renewal

Agricultural Exterminator

Date of training/last symposium attended:

Venue:

FIRST NAME	MIDDLE INITIAL	SURNAME
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EMAIL ADDRESS	CONTACT NUMBER	AGE
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CITIZENSHIP	EDUCATIONAL ATTAINMENT
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COMPANY NAME

COMPANY ADDRESS

I hereby certify that the above information is correct based on personal knowledge.

Signature

Requirements

1. Attendance to training (**New**)
2. Attendance to symposium (**Renewal**)
3. Passed the examination administered by FPA (**New**)
4. Certificate of Employment/Proof of ownership in case the applicant is the owner of company and the one who signed the COE.
5. Monthly Pest Control Operations Report (**in-house renewal**)
6. List of Chemicals Used (**in-house renewal**)

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.

FOR FPA USE ONLY:

Received by / Date:

Date Issued : _____

Amount Paid : _____

Official Receipt No. : _____

Place : _____