



Document title

APPLICATION FOR ACCREDITATION DRONE CONTROLLER / SPRAY OPERATION CREW

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Page	1 of 1

Latest
1 x 1
Picture

Control No. _____

Please check:

New

Drone Controller

Renewal

Spray Operation Crew

Date of training/last symposium attended:

Venue:

FIRST NAME

MIDDLE INITIAL

SURNAME

COMPANY

COMPANY ADDRESS

EMAIL ADDRESS

CONTACT NUMBER

CAAP LICENSE NO.

VALID UNTIL

CPA / ARCO NO.

VALID UNTIL

Drone Controller

I hereby certify that I have competence and knowledge in the use of pesticide, as follows:

- a. Appropriateness of pesticide formulation to be applied
- b. Correct dose/rate and manner of application
- c. Awareness of hazards in the use of product
- d. First aid procedure
- e. All information provided in this form are correct based on personal knowledge.

Signature

Spray Operation Crew

I hereby certify that:

- a. I am knowledgeable and fully conversant with drone operation.
- b. I had undergone training in safety on pesticide handling and the use of PPEs.
- c. I have knowledge and fully conversant with procedures in case of pesticide exposure
- d. First aid procedure
- e. All information provided in this form are correct based on personal knowledge.

Signature

Requirements

1. Attendance to training (**New**)
2. Attendance to symposium (**Renewal**)
3. Copy of Civil Aviation Authority of the Philippines (CAAP) License

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 : _____