



Document Title

APPLICATION FOR COMMERCIAL APPLICATORS LICENSE

Form No.	P-180
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.

_____ Pest Control Operator	New	_____
_____ Drone Spraying Operator	Renewal- License No.	_____
	FPA Control No.	_____
	Expiry Date:	_____

1. Business Name of Applicant	
_____	Date Received _____
_____	Date Processed _____
TIN No. : _____	Application No _____
Tel No. : _____	Amount Paid _____
2. Business Address/es	OR Number _____
a. Main	OR Date _____
_____	(To be filled out by PRD.)
b. Branch/es (Use additional sheets, if necessary.)	

3. Capitalization : (Write the amount with denomination.)	4. Area of Coverage (Province, Region)
_____	_____

5. Activities	6. Equipment Use in Operation	Quantity
_____ User	a. Storage _____	
_____ Applicator	_____	
	b. Actual Pesticide Applicator	

7. Chemical/s Used in Operation (Use additional sheet if necessary.)	
Brand Name/s	Supplier/s
_____	_____
_____	_____

8. Name/s of FPA Certified Pesticide Applicator Employed (Use additional sheets if necessary.)		
Title	Control / Ref. No.	Expiry Date of CPA ID
_____	_____	_____
_____	_____	_____
_____	_____	_____



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9. PCO Association membership (Submit a copy of certificate of membership.)

10. Training Seminar/s Attended (Related to Pest Control)

Title	Place & Date	No. of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Years of Business

Inclusive Year	No. of Employee	Type of Operation
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. What safety measures / equipment do you employ in handling pesticides.

13. Applicant Email Address

14. 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.

15. 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. : _____

Page No. : _____

Book No. : _____

NOTARY PUBLIC

Until _____

PTR No. _____

Original must bear documentary stamp.