## DE ACO TURN DE ACO

PTR No.

## Document Title

## APPLICATION FOR EXPERIMENTAL USE PERMIT

Form No.	P-002
Revision No.	1
Date	09.14.20
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Approved by	J.M. Romualdez
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 $\underline{\textbf{Reminder: Please fill out this form completely and legibly.}}$ 

1. NAME AND ADDRESS OF APPLICANT	Date Received	
1. NAME AND ADDRESS OF AFFLICANT	Date Processed	
2. PRODUCT NAME	Amount Paid	
2.1 RODUCI NAME	OR Number	
	OR Date	
2 NAME OF ACTIVE INCOPEDIENT 0 0/ DUDITY	EUP Code	L - Cil - 1 t l DDD )
3. NAME OF ACTIVE INGREDIENT & % PURITY	(10)	be filled out by PRD.)
4. FORMULATION, % A. I. & TYPE	-	
5. NAME & ADDRESS OF MANUFACTURER OF A.I.		
6. USE CATEGORY  INSECTICIDE  HERBICIDE  FUNGICIDE  OTHERS (Please specify.)	account )	
7. CROP(S) AND TARGET PESTS (Use additional sheets, if nece	ssary.j	
8. TOTAL AREA COVERED BY TRIAL		
9. TOTAL AMOUNT OF A.I. EQUIVALENT/FORMULATION NE	EDED	
10. LOCATION OF EXPERIMENT		
11. DURATION OF TRIAL		
12. NAME OF RESEARCHER(S) AND ADDRESS OF INSTITUTION	ON(S)	
13. APPLICANT'S REPRESENTATIVE: NAME, TITLE, SIGNATU	JRE	
14. APPLICANT'S EMAIL ADDRESS		
15. PRIVACY NOTICE AND CONSENT TO USE DATA We respect your privacy and keep your personal information conf or that you give your written consent to such disclosure.	idential unless we are lawfui	lly required or allowed to disclose is
16. CONSENT TO PROCESS AND SHARE DATA In compliance with the Data Privacy Act, I hereby give my consent to share my contact details to the public for whatever legal purpo		de Authority
Signature over Printed Name of the	Contact Person	
REPUBLIC OF THE PHILIPPINES PROVINCE OF		
MUNICIPALITY OF		
SUBSCRIBED AND SWORN TO before me this day, Phillippines, affiant exhibited to me h		
ued on year, at illippines.	-	
TARY PUBLIC		