



Document title
**APPLICATION FOR EXPERIMENTAL USE PERMIT FOR
 FERTILIZER EFFICACY TRIAL**

| | |
|--------------|-------------|
| Form no. | FPA-FRD-F09 |
| Revision no. | 05 |
| Date | 10.10.2022 |
| Page | 1 of 1 |

Reminder: Please fill out the form completely and legibly

Contact person : _____
 Designation : _____
 Contact number : _____
 E-mail address : _____

(to be filled out by FRD)

| | |
|-----------------|-------|
| Date Received | _____ |
| Date Processed | _____ |
| Application No. | _____ |
| Amount Paid | _____ |
| OR Number | _____ |
| OR Date | _____ |
| EUP No. | _____ |

| 1. PRODUCT INFORMATION | |
|--|--|
| a. Brand/Trade Name | : _____ |
| b. Purpose | : <input type="checkbox"/> Initial trial <input type="checkbox"/> Second trial <input type="checkbox"/> Label expansion |
| c. Guaranteed Composition | : _____ |
| (Please indicate the proper units e.g. %w/w, %w/v) | |
| d. Product Classification | |
| <input type="checkbox"/> New Inorganic | <input type="checkbox"/> Specialty <input type="checkbox"/> Plant Growth Regulator <input type="checkbox"/> Controlled Release |
| <input type="checkbox"/> Biostimulant | <input type="checkbox"/> Soil Conditioner <input type="checkbox"/> Biofertilizer <input type="checkbox"/> Decomposer |
| e. Production Type | : <input type="checkbox"/> Local <input type="checkbox"/> Imported |

| 2. COMPANY INFORMATION | |
|------------------------|---------|
| a. Company name | : _____ |
| b. Company address | : _____ |
| c. TIN | : _____ |
| d. Contact no. | : _____ |

| 3. BIOEFFICACY TRIAL INFORMATION | |
|--|---------|
| a. Test crop | : _____ |
| b. Total amount of product needed | : _____ |
| c. Inclusive dates for the duration of trial | : _____ |
| d. Proposed treatment and method of application | : _____ |
| e. Location of Trial (specify Sitio and attach vicinity map) | : _____ |
| f. Name of Researcher/Accreditation No. | : _____ |
| g. Address of Researcher/Research institute/ Affiliation | : _____ |

| CONSENT TO PROCESS AND SHARE DATA | |
|--|--|
| <p><i>I certify that I have truthfully accomplished this form and hereby authorize the Fertilizer and Pesticide Authority to collect and process the data indicated herein. I understand that my consent does not preclude the existence of other criteria for lawful processing of personal data, and does not waive any of my rights under the Data Privacy Act of 2012 and other applicable laws.</i></p> | |
| _____ 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.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____ year ____ at _____, Philippines.

 Name and Signature of Firm's President, Manager or Authorized Representative

CONFIDENTIALITY NOTICE: FPA Officials and employees are reminded to keep confidential information and not to disclose the same and/or its contents to any person pursuant to Section 7 (C) of R.A. 6713

REPUBLIC OF THE PHILIPPINES
PROVINCE OF _____
MUNICIPALITY/CITY OF _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____ year ____ at _____, Philippines. Affiant exhibited to me his/her Residence Certificate No. _____ issued on _____ at _____, Philippines.

Doc. No. _____
 Page No. _____
 Book No. _____
 Series of _____

 NOTARY PUBLIC
 Until _____
 PTR NO. _____