





Document title  
**APPLICATION FOR PRODUCT REGISTRATION OF  
 WASTEWATER AS FERTILIZER FOR COMMERCIAL PURPOSE**

Form no.	FPA-FRD-F23
Revision no.	00
Date	10.10.2022
Page	2 of 3

**3. LIST OF RAW MATERIALS** (specify chemical name/microbial species, amount needed, and percentage to formulation)

CHEMICAL NAME / MICROBIAL SPECIES	QUANTITY NEEDED PER 100kg/L PRODUCTION	PROPORTION TO THE FINAL PRODUCT (in %)	CHEMICAL NAME / MICROBIAL SPECIES	QUANTITY NEEDED PER 100kg/L PRODUCTION	PROPORTION TO THE FINAL PRODUCT (in %)
1.			10.		
2.			11.		
3.			12.		
4.			13.		
6.			14.		
7.			15.		
8.			16.		
9.			<b>TOTAL</b>		<b>100%</b>

**4. TARGET CROPS**

1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

**5. WASTEWATER DATA**

SOURCES OF WATER SUPPLY	AVERAGE WATER CONSUMPTION (m <sup>3</sup> )		WATER USE/SOURCES OF WASTEWATER	ESTIMATED FLOW (m <sup>3</sup> per day)	
	DAILY	ANNUAL		WATER CONSUMED	WASTEWATER GENERATED
MWCI/MWSI (MWSS)			LIVESTOCK AND POULTRY		
LOCAL WATER DISTRICT			AGRICULTURE AND FOOD INDUSTRIAL PROCESS		
DEEP WELL			AQUACULTURE		
SURFACE WATER (LAKE , RIVER, CREEK, etc.)			DOMESTIC AND MUNICIPAL SEWAGE		
OTHERS: _____			OTHERS: _____		
<b>TOTAL</b>			<b>TOTAL</b>		
			<b>MAXIMUM DAILY FLOW RATE</b>		

**6. FPA ACCREDITED RESEARCHER HANDLING THE EXPERIMENT/FIELD TEST** (if applicable)

(Surname)	(First name)	(M.I.)
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**7. ESTIMATED PRICING**

a. Unit of measure (Please state if in metric ton, liter, etc.) _____
b. Ex-factory Price _____

**CONSENT TO PROCESS AND SHARE DATA**

*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.*

\_\_\_\_\_  
Signature over Printed Name of the Contact Person



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Page	3 of 3

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 \_\_\_\_\_

\_\_\_\_\_  
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PTR NO. \_\_\_\_\_

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