



Document title

**APPLICATION FOR ACCREDITATION
ACCREDITED SAFETY DISPENSER
(ASD) /ACCREDITED RESPONSIBLE
CARE OFFICER (ARCO)**

Form no.	FPA-PMID - 01
Revision no.	4
Date	07.01.2024
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Approved by	M.B Oliveros
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INSTRUCTIONS:

Fill out the form legibly and mark appropriate boxes with ✓. Application forms must be printed on long bond paper (8.5 "x 13"). Submit the duly accomplished form together with the complete requirements. All information must be filled up. **Use glue instead of stapler to attach the picture.** Accreditation for ASD/ARCO shall be applied for and issued by DA-FPA as pre-requisite to issuance of License to Operate (LTO).

Latest 1 x 1 picture with white background

Please check:

- | | |
|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Accredited Safety Dispenser (ASD) |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Accredited Responsible Care Officer (ARCO) |

Control No. in Training/Symposium Certificate (if available):

Date of training/last symposium attended:

Venue:

FIRST NAME	MIDDLE INITIAL	SURNAME	
EMAIL ADDRESS			
CONTACT NUMBER			
COMPANY NAME			
COMPANY ADDRESS			
Requirements		ARCO	ASD
	1. Attendance to training (New)	✓	✓
	2. Attendance to 2 symposia (Renewal)	✓	
	3. Passed the examination administered by FPA (New)	✓	
	4. Certificate of Employment/Proof of ownership in case the applicant is the owner of company and the one who signed the COE.	✓	
	5. Accreditation fee of Php 600.00		✓
	6. Accreditation fee of Php 900.00	✓	

PRIVACY NOTICE AND CONSENT TO USE DATA

I hereby certify that the information I have provided herein, including the attachments, are true and correct to the best of my knowledge. Likewise, I hereby give my consent to the Fertilizer and Pesticide Authority to collect, record, organize, share my contact details to the public for any legal purpose it may serve, in compliance with the Data Privacy Act.

Signature

To be filled up by FPA:

Date received : _____

Received by: : _____

To be filled up by FPA Central Office Only:

Application Tracking No. : _____

ID No. : _____

Payment Details

Date Issued : _____

Amount Paid : _____

Official Receipt No. : _____

Place : _____