



APPLICATION FOR ACCREDITATION DRONE CONTROLLER / SPRAY OPERATION CREW

Form no.	FPA-PMID - 04
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. **Use glue instead of stapler to attach the picture.** All information must be filled up. Accreditation for Drone Controller/Spray Operation Crew 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"/> Drone Controller |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Spray Operation Crew |

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

Date of training/last symposium attended:	Venue:
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FIRST NAME	MIDDLE INITIAL	SURNAME
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COMPANY

COMPANY ADDRESS

EMAIL ADDRESS	CONTACT NUMBER
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CAAP LICENSE NO.	VALID UNTIL
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CPA / ARCO ID NO.	VALID UNTIL
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<p style="text-align: center;">Drone Controller</p> <p><i>I hereby certify that I have competence and knowledge in the use of pesticide, as follows:</i></p> <ol style="list-style-type: none"> a. Appropriateness of pesticide formulation to be applied b. Correct dose/rate and manner of application c. Awareness of hazards in the use of product d. First aid procedure e. All information provided in this form are correct based on personal knowledge. <p><i>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.</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p>	<p style="text-align: center;">Spray Operation Crew</p> <p><i>I hereby certify that:</i></p> <ol style="list-style-type: none"> a. I am knowledgeable and fully conversant with drone operation. b. I had undergone training in safety on pesticide handling and the use of PPEs. c. I have knowledge and fully conversant with procedures in case of pesticide exposure d. First aid procedure e. All information provided in this form are correct based on personal knowledge. <p><i>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.</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p>
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Requirements	<ol style="list-style-type: none"> 1. Attendance to training (New) 2. Attendance to symposium (Renewal) 3. Copy of Civil Aviation Authority of the Philippines (CAAP) Remotely Piloted Aircraft Controller Certificate/License (Drone Controller) 4. Accreditation fee of Php 600.00
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<p>To be filled up by FPA:</p> <p>Date received : _____</p> <p>Received by: : _____</p> <p>To be filled up by FPA Central Office Only:</p> <p>Application Tracking No. : _____</p> <p>ID No. : _____</p>	<p>Payment Details</p> <p>Date Issued : _____</p> <p>Amount Paid : _____</p> <p>Official Receipt No. : _____</p> <p>Place : _____</p>
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