



Document title
**APPLICATION FOR LICENSE TO REPACK FERTILIZERS
 (DISTRIBUTOR AND DEALER-LEVEL)**

| | |
|--------------|-------------|
| Form no. | FPA-FRD-F04 |
| Revision no. | 04 |
| Date | 10.10.2022 |
| Page | 1 of 2 |

Reminder: Please fill out the form completely and legibly

Contact Person : _____
 Position/Designation : _____
 Contact number : _____
 E-mail address : _____

| To be filled out by FPA | |
|-------------------------|-------|
| Date Received | _____ |
| Date Processed | _____ |

| Type of Application for License to Repack Fertilizers | | | |
|---|--|-------------------------------------|-------------------------------------|
| New/ Renewal | License to Operate <i>(Select category)</i> | License No. <i>(for Renewal)</i> | Expiry Date <i>(for Renewal)</i> |
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| To be filled out by FPA | | | |
|-------------------------|-------------|----------|-----------|
| Application No. | Amount Paid | O.R. No. | O.R. Date |
| | | | |
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| 1. Company Information | |
|---------------------------------|--|
| a. Company Name | : _____ |
| b. Company Address | _____ _____ |
| c. Type of Ownership | : <input type="checkbox"/> Corporation <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Others (please specify:) <input type="checkbox"/> Cooperative <input type="checkbox"/> Partnership _____ SEC/DTI/CDA Registration No.: _____ |
| d. Tax Identification No. (TIN) | : _____ |

| 2. List of Repacking Facilities (Owned/Rented) | | | | |
|--|------------------|----------------|---------------|--|
| Name of Repacking Site | Complete Address | Owned / Rented | Name of Owner | List of Repacking Equipment <i>(Type of Machinery/Equipment, Brand Name, Model, and Quantity)</i> |
| | | | | |
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| | | | | |

(Continue on separate sheet if necessary)

| 3. List of Products to be Repacked (attach the approved product label) | | | |
|--|--------------|--------------------|------------------|
| FPA Reg No. | Product Name | Expiry Date of CPR | Repacking Size/s |
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(Continue on separate sheet if necessary)



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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

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. _____

(Original should bear documentary stamp)