

APPLICATION FOR ACCREDITATION FERTILIZER/PESTICIDE RESEARCHER

Form no.	FPA-PMID - 02
Revision no.	4
Date	07.01.2024
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Approved by	M.B Oliveros
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Fill out the form legibly and mark appropriate boxes with \checkmark . 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.

Latest 1 x 1 picture with white background

attach the picture.	All Illioi illation il	iust be illieu up.						background
Please check:	New New		Renewal					
FIELD OF DISCIPLINE: Plant Nutrition/Fertilizer Plant Pathology Weed Science				Entomology Supervised Pesticide Residue Trial (SPRT) Others (Pls. specify)				
Control No. in Tr	aining/Sympo	sium Certific	ate (if avail	able):				
Date of training,	ʻlast symposit	ım attended:			Venue:			
NAME			M	MIDDLE INITIAL SURNAME				
EMAIL ADDRES	S							
CONTACT NUM	BER							
COMPANY NAM UNIVERSITY AF								
COMPANY / UN AFFILIATION A								
1. Attendance to training (New) 2. Attendance to symposium (Renewal) 3. Approved protocol (New) 4. Latest Resume which includes academic specialization, training, published research or current research undertakings, and years of research experience for the discipline being applied for with affixed signature. 5. With at least 3 years' research experience (New) 6. Authorship of one (1) publication in a refereed journal or two (2) publications in non-refereed journals or at least 5 years' research experience on the discipline being applied for in case of expansion of accreditation for additional research discipline. 7. For in-house researchers, certification stating that publication of researchers are not allowed due to confidentiality. 8. Accreditation Fee of Php 1,200.00; Additional Discipline (w/ separate ID) Php 1,200.00 each discipline (w/out separate ID) Php 400.00 each discipline.							oplied for with non-refereed in case of not allowed due	
PRIVACY NOTIO					1			
my knowledge. Li	kewise, I herel Ils its register	by give my con ed clients who	nsent to the l o need resec	Fertiliz archers	er and Pesticion with my field	de Auth d of disc		l, organize, share
To be filled	arr ED A -				Jarmant Dat	oile	Signature	
ID No. : Date received : Received by: : To be filled up by					Payment Det Date Issued Amount Paid Official Receip Place	l	:	
Application Tracking No. :								