



Document title

APPLICATION FOR ACCREDITATION CERTIFIED PESTICIDE APPLICATOR (CPA)

Form no.	FPA-PMID - 03
Revision no.	4
Date	07.01.2024
Author	A.D Gonzales
Approved by	M. B Oliveros
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INSTRUCTIONS:

Fill out the form legibly and mark appropriate boxes with . 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.** Application forms must be printed on long bond paper (8.5 "x 13"). Accreditation for CPA-Agricultural Fumigator shall be applied for and issued by DA-FPA as pre-requisite to issuance of License to Operate (LTO) for pest control operators. Furthermore, accreditation for Agricultural Fumigator and Exterminator shall be applied for and issued by DA-FPA to persons employed or owners of companies/institutions as in-house agricultural fumigators/extermimators. **The activity herein does not refer to urban/household pest application.**

Latest 1 x 1
picture with
white
background

Please check:

<input type="checkbox"/> New	<input type="checkbox"/> Agricultural Fumigator	<input type="checkbox"/> Agricultural Fumigator (in-house)
<input type="checkbox"/> Renewal	<input type="checkbox"/> Agricultural Exterminator	

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

Date of training/last symposium attended:

Venue:

FIRST NAME	MIDDLE INITIAL	SURNAME
EMAIL ADDRESS	CONTACT NUMBER	AGE
CITIZENSHIP	EDUCATIONAL ATTAINMENT	
COMPANY NAME		
COMPANY ADDRESS		
Requirements	<ol style="list-style-type: none"> 1. Attendance to training (New) 2. Attendance to symposium (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. Monthly Pest Control Operations Report (in-house renewal) 6. List of Chemicals Used (in-house renewal) 7. Accreditation fee of Php 600.00 	

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. : _____
Control No. : _____
ID No. : _____

Payment Details

Date Issued : _____
Amount Paid : _____
Official Receipt No. : _____
Place : _____