

APPLICATION FOR ACCREDITATION FERTILIZER/PESTICIDE RESEARCHER

Form no.	FPA-PMID - 02
Revision no.	4
Date	07.01.2024
Author	A.D Gonzales
Approved by	M.B Oliveros
Page	1 of 1

INSTRUCTIONS:

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

accuent the precure.	The first of the control of the	rast se imea ap.					buckground	
Please check: New Renewal								
FIELD OF DISCIPLINE:								
Plant Nutr	rition/Fertiliz	er		Entomolog	У			
Plant Path	ıology			Supervised Pesticide Residue Trial (SPRT)				
Weed Science				Others (Pls. specify)				
Control No. in Training/Symposium Certificate (if available):								
Date of training/last symposium attended: Venue:								
NAME			MIDDLE	IDDLE INITIAL SURNAME				
EMAIL ADDRESS	S							
CONTACT NUMI	3ER							
COMPANY NAM UNIVERSITY AF								
COMPANY / UNI AFFILIATION AI								
Requirements	 Attendance to training (New) Attendance to symposium (Renewal) Approved protocol (New) 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. With at least 3 years' research experience (New) 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. For in-house researchers, certification stating that publication of researchers are not allowed due to confidentiality. 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. 							
PRIVACY NOTIC		SENT 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 its registered clients who need researchers with my field of discipline to conduct field experiment to support fertilizer or pesticide product registration, in compliance with the Data Privacy Act.								
Signature								
To be filled up b	y FPA:			Payment Det	ails			
ID No. :				Date Issued		:		
Date received :				Amount Paid Official Recei		:		
Received by: :				Official Recei	pt no.	:		
To be filled up by		Office Only:						