

# Republic of the Philippines **Department of Agriculture**

Fertilizer and Pesticide Authority

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## CHECKLIST OF DOCUMENTARY REQUIREMENTS FOR LICENSING OF DRONE SPRAYING OPERATOR

PRD-F2.24 Revision 00

	ew application	Renewal application				
	Duly accomplished and notarized FPA Application Form No. PRD-F1.28 Copy of any of the following: A. SEC Registration and Articles of Incorporation, if corporation or partnership Note: Complete copy of the Articles of Incorporation must be provided and the purpose shall state that the business will engage in drone spraying operations B. Department of Trade and Industry (DTI) Registration Certificate, for single proprietorship (with national business scope) C. CDA Registration, if cooperative Copy of Certificate of BIR Registration Copy of valid RPAS Operator Certificate Filing fee and License fee		Duly accomplished and notarized FPA Application Form No. PRD-F1.28  Copy of any of the following:  A. SEC Registration, if corporation or partnership B. Department of Trade and Industry (DTI)  Registration Certificate, for single proprietorship (with national business scope)  C. CDA Registration, if cooperative  Copy of the Latest Income Tax Return (ITR) and Financial Statements (FS)  Copy of Valid RPAS Operator Certificate  Drone Spray Final Reports (See Page 2)  Recommendation from FPA Regional Officer(s) of whether the activities conducted in the areas declared in Drone Spray Operation Final Reports comply with FPA requirements (see Page 3)  License Fee			
lo	tes: A license good for three (3) years shall be issued Only application with complete requirements sh	_				
•	Schedule of Fees Filing fee (new application only): License fee:		2,000.00 25,500.00			
•	Filing fee (new application only):		·			



### **Drone Spray Final Report (DSFR)**

Instruction: Please complete all sections accurately. Use an extra sheet if needed.

#### Name of Drone Spraying Operator:

**Business Address:** 

Date of application	Time of Application			Name of Drone	Name of farmer/ Farm owner/ plantation and	Area Covere	Pesticide Used (Brand Name,	Crop Sprayed	Total Volume of	Tank-mix formulation, if	Drone type and	Personal Protective Equipment Used
approximon	Time Started	Time Ended	Controller and FPA ID Number	Spray Supervisor and FPA ID Number	farm/ plantation Location (Kindly input GPS coordinates)	d (ha)	Active gradient, Company/ Registrant)	and Target Pest/s	Product Used, Dose, and Rate of Application	any	CAAP Registrat ion Number	iquipment oscu
Date of in Methodo	nformatio logy (e.g.	n/dissemir Letter, Not	nation: ice):		=			. Rinsate co	ntainment av	esticide contain ailable	ers	
<ul> <li>But</li> <li>Sig</li> <li>Alt</li> <li>Wit</li> <li>Ter</li> </ul>	ailability of ffer zone nages/wa itude (hei nd velocit nperatur	of Material (meters) arning signs ight above o	- S _	Sheet			a. Com		or concerns tered (if any)			

Submitted by:
Signature over printed name/Date

Form No.	PRD-F7.01
Revision	00
Date	03 October 2024
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Date: [Insert Date]

#### [Name of Applicant/Company]

[Address of Applicant/Company] [City, Province]

Subject: Recommendation Regarding Compliance with the Fertilizer and Pesticide Authority (FPA) Requirements for Drone Spray Operation

Dear [Applicant's Name/Company Name],

This is to acknowledge receipt of your Drone Spray Operation Final Reports for the renewal of your drone spraying operator license. Upon assessment, it has been determined that the activities conducted in the areas outlined in your final report [comply/do not comply] with the relevant FPA guidelines and requirements for drone spray operations. The specific areas of compliance/non-compliance are as follows:

#### • Compliance Status:

o [State specific areas of compliance, if any, such as adherence to safety protocols, pesticide application standards, etc.]

#### • Non-Compliance (if applicable):

o [State specific areas where the activities did not meet FPA standards, along with corrective actions required.]

In light of these findings, we [recommend/do not recommend] the approval of your application for renewal.

Thank you,

[Name and Signature of FPA Regional Officer] [Position]