



**CHECKLIST OF REQUIREMENTS FOR LICENSING OF PESTICIDE  
IMPORTER-END-USER**

PRD-F2.31  
Revision 00

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

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**New Application**

- Duly accomplished and notarized FPA Application Form No. PRD-F1.23
- Detailed Site Plan, including layout and location of facilities (for field development/research station)
- A. SEC Registration and Articles of Incorporation, *if corporation or partnership*  
B. CDA Registration, *if cooperative*  
C. Certificate of Registration of Business Name, *if single proprietorship*
- Certificate of BIR Registration
- Distributorship Agreement / Third Party Authorization (TPA) from pesticide supplier
- Certificate of Product Registration (CPR) or FPA Form No. P-022 with received stamp from PRD, *if CPR is not available*/Experimental Use Permit (EUP)/ or FPA Form No. P-002 with received stamp from PRD
- Environmental Compliance Certificate (ECC) and Permit to Operate (PTO) from DENR
- Occupational Health and Safety Program (OHSP)
- Medical Health Examinations and Certificate of "Fit to Work" of Workers
  - Complete physical examination
  - Hematology (Hemoglobin, Hematocrit, Leukocyte, Differential Count, Reticulocyte and Platelet Count)
  - Biochemical Monitoring (BUN, Creatine, Uric Acid, Total Protein, Alkaline Phosphatase, Total Cholesterol, SGOT, SGPT)
  - Chest X-ray
  - Urinalysis
  - Fecalalysis
  - Cholinesterase Monitoring, *if handling cholinesterase inhibiting products/coded compounds*

The table summary should be accomplished by a license physician (see Page 3)

- Recommendation from the FPA Regional/Provincial Officer
- Certificate of Warehouse Registration (if applicable)
- Conforme to the Inspection Report of Pesticide Licensing Audit Team
- Filing Fee
- License Fee

**Notes:**

- A license good for one (1) year shall be issued upon the approval of application
- Application with incomplete requirements will not be accepted.

**Schedule of Fees**

Filing fee:	Per activity	2,000.00
License fee:		
▪ Over P 5M capitalization	1 <sup>st</sup> activity	8,500.00
	Additional activities	5,000.00
▪ P 1M to 5M capitalization	1 <sup>st</sup> activity	5,500.00
	Additional activities	4,000.00
▪ P 500T to 1M capitalization	1 <sup>st</sup> activity	4,000.00
	Additional activities	2,000.00
▪ P 500T & below capitalization	1 <sup>st</sup> activity	2,000.00
	Additional activities	1,000.00

Received by:

\_\_\_\_\_

Date:

\_\_\_\_\_

Evaluated by:

\_\_\_\_\_

Date:

\_\_\_\_\_

Endorsed by:

\_\_\_\_\_

Date:

\_\_\_\_\_

**Medical Health Examinations and Certificate of "Fit to Work" of Workers**

Instructions: For each test, indicate ✓ if the medical examination has been completed and X if it has not. Specify the worker's fitness to work in the designated column and provide additional remarks if necessary. Use an extra sheet if needed.

	Name of Personnel				
Test					
Physical Examination					
Hemoglobin					
Hematocrit					
Leukocyte					
Differential Count					
Platelet Count					
Reticulocyte					
BUN					
Creatine					
Uric Acid					
Total Protein					
Alkaline Phosphatase					
Total Cholesterol					
SGOT					
SGPT					
Chest X-ray					
Urinalysis					
Fecalalysis					
Cholinesterase level <sup>1</sup>					
Fit to Work					
Remarks					

<sup>1</sup> For cholinesterase, indicate the level

Name and Signature of Physician:

Date: