



Republic of the Philippines
Department of Agriculture
Fertilizer and Pesticide Authority

FPA Bldg. BAI Compound, Visayas Ave. Diliman, Quezon City P.O. Box 2582, Q.C.
Tel. Nos. 8920-8573, 8441-1601, 8922-3368
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**CHECKLIST OF REQUIREMENTS FOR LICENSING OF PESTICIDE
MANUFACTURER, FORMULATOR, EXTRUDER AND REPACKER**

PRD-F2.37
Revision 00

Name of Company: _____

Address: _____

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New Application

- Duly accomplished and notarized FPA Application Form No. PRD-F1.26 for manufacturer, formulator and extruder or form No. P-120 for repacker
- 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
- Environmental Compliance Certificate (ECC) and Permit to Operate (PTO) from DENR
- Certificate of Product Registration (CPR) or FPA Form No. P-022 with received stamp, *if CPR is not available*
- Letter of authorization to manufacture, formulate, extrude or repack from the pesticide supplier
- Recommendation from FPA Regional/Provincial Officer
- Certificate of Warehouse Registration
- 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, Platelet, 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)

- Flowchart of the production process
- Annual Capacity Output
- Conforms 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.



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Schedule of Fees

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

Test	Name of Personnel				
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					
Fecalysis					
Cholinesterase level ¹					
Fit to Work					
Remarks					

¹ For cholinesterase, indicate the level

Name and Signature of Physician:

Date: