



Document Title
**APPLICATION FOR AGRICULTURAL PESTICIDE
 NATIONAL DISTRIBUTORSHIP LICENSE**

Form No.	PRD-F1.24
Revision No.	0
Date	10.01.2024
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6. List of Registered Products(s) (update yearly)

7. Name of Accredited Responsible Care Officer (ARCO)

ARCO ID Number

Expiry Date

8. Applicant Contact Number and Email Address: _____

9. CONSENT TO PROCESS AND SHARE DATA

In compliance with the Data Privacy Act, I hereby give my consent to the Fertilizer and Pesticide Authority to share my contact details to the public for whatever legal purpose it may serve.

 Signature over Printed Name of the Contact Person

I hereby certify that the foregoing data and information including those in the annexes hereof are true and correct to the best of my knowledge

Signature _____
 Printed Name _____
 Position _____

REPUBLIC OF THE PHILIPPINES)
 PROVINCE OF _____)S.S.
 MUN/CITY OF _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____
 at _____, Philippines, affiant exhibited to me his/her Residence Certificate
 No. _____ issued on _____ at _____, Philippines.

Doc. No. : _____
 Page No. : _____
 Book No. : _____

NOTARY PUBLIC
 Until December 31, _____
 PTR No. _____