



Document Title
**APPLICATION FOR AGRICULTURAL PESTICIDE FORMULATOR
 / MANUFACTURER / EXTRUDER LICENSE**

Form No.	PRD-F1.26
Revision No.	0
Date	10.01.2024
Page	1 of 2

Reminder: Please fill out the Form completely and legibly

Conventional
 PIP

New
 Renewal- License No _____
 FPA Control No. _____
 Expiry Date: _____

1. Business Name of Applicant _____ Address : _____ _____ TIN No. : _____ Tel No. : _____	Date Received :	_____
	Amount Paid:	_____
	OR Number	_____
	(to be filled out by PRD)	

2. Capitalization : (Write amount with denomination)
 For new applicants, it should be the Paid-Up Capital indicated in the SEC Articles of Incorporation
 For renewal, it should be the total equity indicated in the financial statement

3. Complete Address of Formulation / Manufacturing / Extrusion Plant

4. Environmental Compliance Certificate (ECC) No. _____

Permit to Operate (PTO) No. _____ **PTO Expiry Date** _____

5. List of Pesticides Formulated / Manufactured / Extruded (Use additional sheets if necessary)

Product	Formulation Type	Product Owner*	Volume / Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*if formulation under contract, indicate date of expiry of contract. _____

6. Formulation Capability Rated Capacity 7. Operating Capacity	8. No. of Employees _____	9. Area of Compound _____	10. Location of Plant _____ Agricultural
			_____ Residential _____ Industrial _____ Others (specify)



Document Title
**APPLICATION FOR AGRICULTURAL PESTICIDE FORMULATOR
 / MANUFACTURER / EXTRUDER LICENSE**

Form No.	PRD-F1.26
Revision No.	0
Date	10.01.2024
Page	2 of 2

11. Occupational / Safety Arrangements

In House Physician: _____ Clinic _____ Yes
 Referrals: _____ No
 Physician: _____
 Hospital/ Clinic: _____
 Address: _____

12. Technical Staff: Name, PRC License No.

Plant Manager _____
PRC license # _____
Formulation Chemist _____
PRC license # _____
Quality Control Chemist _____
PRC license # _____

13. Name and Address of Laboratory, if not located within the plant.

14. Name/s of Accredited Responsible Care Officer (ARCO)

ARCO ID Expiry Date

15. Applicant Contact Number and Email Address: _____

16. 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. _____