

	Document Title	Form No.	PRD-F1.27
	<b>APPLICATION FOR AGRICULTURAL PESTICIDE REPACKER LICENSE</b>	Revision No.	0
		Date	10.01.24
		Page	1 of 2

**Reminder: Please fill out the Form completely and legibly**

<input type="checkbox"/> Conventional <input type="checkbox"/> PIP	<input type="checkbox"/> New Renewal- License No _____ FPA Control No. _____ Expiry Date: _____
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<b>1. Business Name of Applicant</b> _____ Address : _____ _____ TIN No. : _____ Tel No. : _____	<table border="1" style="width: 100%;"> <tr><td>Date Received :</td><td>_____</td></tr> <tr><td>Amount Paid:</td><td>_____</td></tr> <tr><td>OR Number</td><td>_____</td></tr> <tr><td colspan="2" style="text-align: center;"><b>(to be filled out by PRD)</b></td></tr> </table>	Date Received :	_____	Amount Paid:	_____	OR Number	_____	<b>(to be filled out by PRD)</b>	
Date Received :	_____								
Amount Paid:	_____								
OR Number	_____								
<b>(to be filled out by PRD)</b>									

<b>2. Capitalization</b>	:	(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) _____
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<b>3. Address of Repacking Plant</b>	_____
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<b>4. Environmental Compliance Certificate (ECC) No.</b>	_____	<b>Permit to Operate (PTO) No.</b>	_____	<b>PTO Expiry Date</b>	_____
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<b>5. Repacking Set-Up and Equipment</b>		_____
<b>6. Rated Capacity</b>	<b>7. No. of Employee/s</b>	_____

8. List of Specific Products Repacked	Product	Repacking Type	Formulation Type	Importer / Distributor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>9. Do you use your own brand name(s) for repacked products</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>10. Who Affixes or attached labels on repacked products?</b> <input type="checkbox"/> Brand / Label owner <input type="checkbox"/> Repacker	<b>11. Source of Labels</b> <input type="checkbox"/> Brand / Label owner <input type="checkbox"/> Repacker
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			Page	2 of 2
<b>12. Occupational Safety Arrangement</b>  In Plant: _____ Referrals: _____	<b>13. Location of Plant</b> _____ Agricultural _____ Residential _____ Industrial _____ other (specify) _____	<b>14. Area of Compound</b>  _____ _____		
<b>15. Technical Staff: Name, PRC License No.</b> <b>Plant Manager</b> _____ <b>PRC license #</b> _____ <b>Quality Control Chemist</b> _____ <b>PRC license #</b> _____				

16. Name of Accredited Responsible Care Officer (ARCO)	ARCO ID Number	Expiry Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**17. Applicant Contact Number and Email Address:** \_\_\_\_\_

**18. 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. \_\_\_\_\_