



Republic of the Philippines
 Department of Agriculture
BUREAU OF PLANT INDUSTRY
NATIONAL PLANT QUARANTINE SERVICES DIVISION
 692 San Andres St., Malate, Manila
 Tel. No. (02) 8251-2272 / (02) 8251-2262 email address: pqsbpi@gmail.com.com



APPLICATION OF LICENSE TO OPERATE AS QUARANTINE TREATMENT PROVIDER (QTP)

TO: **DIRECTOR**
 Bureau of Plant Industry

THRU: **CHIEF**
 National Plant Quarantine Services Division

Sir/Madam:

I _____, owner of _____ with office address at _____, wish to apply for License to Operate as Quarantine Treatment Provider for: _____.

That I am submitting the following requirements for the said License:

1. Copies of Security and Exchange Commission (SEC) / Department of Trade and Industry (DTI) Certificate of Registration
2. Current Mayor's Permit
3. Two (2) 2x2 ID picture of the owner and Representative/s
4. Company profile
5. Tax Identification Number (TIN) of the company
6. List of Operators (including their Qualifications, Training and Certificates)
7. Lay-out/pictures/description of the Treatment Facility
8. Report

Additional Requirements:

FUMIGATION:

- FPA License
- List of Equipment
- List and Qualification of AFAS accredited fumigator and other fumigation personnel

HEAT TREATMENT:

- Chamber Test
- List of Equipment

VAPOR HEAT TREATMENT

- Sensor Test
- Running Test
- Chamber Test

I hereby certify under oath that all the information and attached documents regarding this application is true and correct and I expressly agree that any materials or misrepresentations of facts in this application shall be the basis for denial/cancellation.

 (Signature over Printed Name)

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

SUBSCRIBED AND SWORN to me this _____ day of _____ 20____ at _____ Affiant exhibited to me his/her Community Tax Certificate No. issued on _____ at _____, Philippines.

Doc. No. _____
 Page No. _____
 Book No. _____
 Series of _____