



Republic of the Philippines  
Department of Agriculture  
BUREAU OF PLANT INDUSTRY  
NATIONAL PLANT QUARANTINE SERVICES DIVISION  
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NEW

RENEWAL

## APPLICATION FOR LICENSE TO OPERATE AS QUARANTINE TREATMENT PROVIDER (Validation and Evaluation Form)

### APPLICANT'S INFORMATION

Company / Business Name:

Office Address:

Contact Number/s:

Email Address :

Name of Owner/Director:

Name of Representative/s

DATE OF APPLICATION :

NAME, SIGNATURE AND DESIGNATION OF APPLICANT:

### REQUIREMENTS FOR LICENSE TO OPERATE AS QUARANTINE TREATMENT PROVIDER

| LIST OF REQUIREMENTS   | REMARKS |
|--|---------|
| 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
- Chamber Test
- Running Test

INTERVIEWED AND PROCESSED BY:

DATE OF INSPECTION

Signature over Printed Name