



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



☐ 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