



**Department of Agriculture
BUREAU OF PLANT INDUSTRY**
National Plant Quarantine Services Division

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**APPLICATION FOR CERTIFICATE OF REGISTRATION
OF FARM AND GROWER**

TO: DIRECTOR
Bureau of Plant Industry

THRU: CHIEF
National Plant Quarantine Services Division

Sir/Madam:

I _____, owner of _____
with address at _____,
wish to apply for Certificate of Registration.

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

1. Notarized Application Form with attached 2x2 colored picture of the owner, authorized representative and/or designated Food Safety Compliant Officer (FSCO) in white background
2. Copy of any government issued identification card
3. Barangay Clearance and Community Tax Certificate
4. Proof of Ownership or Valid claim of possession or any agreement which allows the applicant to use the property
5. Information on the following:
 - a. Total Production area (ha): _____
 - b. Estimated volume of production
 - c. Location Sketch Map of farm
6. Quality Standards Accreditation/s eg. PhilGAP, GlobalGAP (if any)
7. Certificate of Attendance of Owners, Facility Manager or Quality Assurance Personnel in trainings on Good Agricultural Practices
8. Certificate of Completion (Orientation of Applicant)
9. BPI-PQS Inspection Report

I hereby certify under oath that all 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.

Very truly yours,

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
mehis/her Community Tax Certificate No. issued on _____ at _____, Philippines.

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



**VALIDATION AND EVALUATION FORM FOR
CERTIFICATE OF REGISTRATION AS FARM AND GROWER**

NEW RENEWAL

COR No. (for renewal): _____

COMMODITY (specify): _____

APPLICANT'S INFORMATION

Name of Farm: _____

Name of Grower: _____

Farm Address: _____

Total Production Area (ha): _____

Total area (ha): _____

Contact Number/s:	Email Address :
Date of Application :	Name, Signature and Designation of Applicant:

This portion is to be accomplished by the BPI – NPQSD Evaluator

LIST OF REQUIREMENTS	REMARKS
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EVALUATED AND PROCESSED BY:

DATE OF INSPECTION

Signature over Printed Name