



Department of Agriculture

BUREAU OF PLANT INDUSTRY

National Plant Quarantine Services Division

692 San Andres Street, Malate, Manila, Philippines

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APPLICATION FOR LICENSE TO OPERATE - PACKING FACILITY

**TO: DIRECTOR
Bureau of Plant Industry**

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

Sir/Madam:

I _____, owner of _____

with facility address at _____,

wish to apply for License to Operate-Packing Facility

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

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. Current Mayor's Permit/Business Permit
3. Current Sanitary Permit
4. Proof of business Establishment:
For Corporation: Security and Exchange Commission (SEC)
For Cooperatives: Cooperative Development Authority (CDA)
For Single Proprietorship: Department of Trade and Industry (DTI) Registration
For Philippine Economic Zone Authority (PEZA): Certificate of Registration
5. Internal Control System (ICS) and Food Safety Plan
 - a. Traceability System and Recall Program
 - b. Disposal System for rejected fruits
 - c. Disinfestation Program for the Packing facility
 - d. Written SOP including Pest Management, and other safeguards
6. Certificate of Attendance of Owners, Facility Manager, or Quality Assurance Personnel on training/seminar of Good Agricultural Practices (GAP)
7. Lay-out, pictures and location of the facility
8. Packing Facility Process Flow
9. List of technical and Non-technical personnel, and Quality assurance personnel with corresponding qualifications
10. Certificate of Registration (COR) of farm Source
11. List of Licensed Exporters and Licensed Distributor
12. Designated FSCO/FSCOs
13. Certificate of Completion (Orientation of Applicant)
14. 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 me his/her Community Tax Certificate No. issued on _____ at _____, Philippines.

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



**VALIDATION AND EVALUATION FORM FOR
 LICENSE TO OPERATE - PACKING FACILITY**

NEW **RENEWAL** **PACKING FACILITY CODE (for renewal):** _____

COMMODITY (specify):

APPLICANT'S INFORMATION

Company/Business Name:

Office Address:

Contact Number/s: _____ | **Email Address :** _____

Location of Facilities:

Name of Representative/s (If any) :

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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4. Proof of business Establishment: For Corporation: Security and Exchange Commission (SEC) For Cooperatives: Cooperative Development Authority (CDA) For Single Proprietorship: Department of Trade and Industry (DTI) Registration For Philippine Economic Zone Authority (PEZA): Certificate of Registration	
5. Internal Control System (ICS) and Food Safety Plan a. Traceability System and Recall Program b. Disposal System for rejected fruits c. Disinfestation Program for the Packing facility d. Written SOP including Pest Management, and other safeguards	
6. Certificate of Attendance of Owners, Facility Manager or Quality Assurance Personnel in trainings on Good Agricultural Practices	
7. Lay-out, pictures and location of the facility	
8. Packing Facility Process Flow	
9. List of technical and Non-technical personnel, and Quality assurance personnel with corresponding qualifications	
10. Certificate of Registration (COR) of farm Source	
11. List of Licensed Exporters and Licensed Distributors	
12. Designated FSCO/FSCOs	
13. Certificate of Completion (Orientation of Applicant)	
14. BPI-PQS Inspection Report	

EVALUATED AND PROCESSED BY: _____ | **DATE OF INSPECTION** _____

 Signature over Printed Name