

Republic of the Philippines
Department of Agriculture
FIBER INDUSTRY DEVELOPMENT AUTHORITY
Quezon City

Control No. : _____
Date applied : _____
Date released : _____
License expires on : _____

APPLICATION FOR PROCESSOR LICENSE
(Original)

The Administrator
FIDA, Quezon City

Thru: The Fiber Regional Director
Region _____

Madam:

I have the honor to apply a **Processor License** pursuant to PD 652 in relation to Executive Order Nos. 709 and 116, and in accordance with the provisions of FIDA Revised Administrative Order No. 1:

1. Name of Establishment : _____
Address : _____ Tel. No. _____ Fax No. _____ E-mail _____
Metro. Mla. (if any) _____ Tel. No. _____ Fax No. _____ E-mail _____;
2. That I, _____, _____ (Nationality)
residing at _____ with TIN: _____
represent the above establishment as _____ (Pres./Mgr./Prop.);
3. That the form of my business is a sole proprietorship partnership corporation
 cooperative operating under PD No. 175 and LOI No. 23;
4. That I intend to use _____ as my registered mark;

 Certification of Registration from CDA
5. That I shall allow FIDA authorized representative to have free access to my bodega/establishment;
6. That I shall submit statistical information/data required by FIDA;
7. That I have _____ (number) employee/s of whom _____ (number) is/are male/s and _____
(number) is/are female/s with an average of _____ (number) dependent/s per employee.
8. That I am a processor/manufacturer of _____ rope/twine _____ pulp/paper _____ textile
 mattress fibercraft others, specify _____;
9. That I will be using _____ fiber/s from _____ (Country/Province of Origin);
10. That I am submitting the following document/s to support my application :
 Company Profile With Complete List of Officers Certificate of Registration from SEC
 Mayor's Permit/Tax Clearance Certification of Registration from BTRCP

11. That I and my personnel shall at all times comply with the FIDA rules and regulations.

I hereby certify under the penalty of law to the veracity of the above statements and that this application was prepared by me or my representative under my personal direction.

Printed Name and Signature of Applicant

REPUBLIC OF THE PHILIPPINES)
PROVINCE OF _____) S.S
Municipality of _____)

SUBSCRIBED AND SWORN to before me on this ____ day of _____ 200__ affiant exhibiting to me his/her Community Tax Certificate No. _____ issued at _____ on _____ 200__.

Notary Public
Until December 200 ____

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

CERTIFICATION
(To be filled out by the Licensing Personnel)

I hereby certify that the application of _____ for Processor License has been reviewed/verified by me and that all requirements are duly complied with.

Application fee of _____ (P _____) and license fee of _____ (P _____) for a total of _____ (P _____) was paid under OR No. _____ dated _____.

Remarks : _____.

Attested by :

Verified by:

Fiber Regional Director

Printed Name and Signature

Designation

LICENSE FORM 03
(For Original & Renewal)
2004

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Date of Inspection

**REPORT ON RE-INSPECTION/RE-EVALUATION OF FACILITIES/PREMISES
(PROCESSOR/MANUFACTURER)**

1. Name of Establishment/Licensee _____
2. Address : _____ IS/Reg. Mark _____ Class _____
3. Location of warehouse : _____

Facilities/Premises/Equipment:

	<u>Score</u>	<u>Standard</u>
a. With partition to segregate fiber in case other commodities are stored in the same bodega	_____	30%
b. Clean storage, classification and working processing area for fiber with sufficient ventilation and lighting facilities on fiber classification	_____	30%
c. With restriction signs such as “no smoking”, “no plastic allowed”, etc.	_____	25%
d. Weighing Device: (if defective – 0%)	_____	<u>15%</u>
TOTAL -		100%

4. FIDA Signboard : (Complied/Not complied) _____ (To be complied within 60 days, for New Licensee)

I/We hereby certify that the foregoing inspection report was based on the actual inspection conducted by undersigned FIDA representative on the facilities/premises of the above establishment/licensee.

Remarks/Recommendations: _____

Conforme : _____ Re-inspected/Re-evaluated by: _____
Operator/Manager Print Name and Signature

Designation

Note:

Establishments with total rating below 75% shall not be issued licenses