

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 authorized 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__ at _____ 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 _____

or _____
Administrative Officer

Note:

Notarial Oath is required for Classes A, B, C and E Fiber Processors both for Original and Renewal. Class D should be under oath to Administrative Officer.

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 _____ (_____) 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

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

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

Republic of the Philippines
Department of Agriculture
FIBER INDUSTRY DEVELOPMENT AUTHORITY
Region _____, _____

Annual Report of Operation
(Processor)

Name of Processor/Establishment : _____
Address _____
Location of Facilities/Premises/Equipment _____
Est. No. _____ IS/RM _____ Class _____

1. Fiber Utilization/Processing/Manufacturing :

a. Fiber/s utilized : _____

b. Source/s of fibers :

GBEs Processors Traders Producers

c. Status of fibers utilized:

baled or inspected certified All - in

d. End Products :

finished (specify) Volume/Quality DESTINATION
Local Export

semi-finished (specify)

2. Excess Fibers :

No. of bales _____ No. of kilos _____

3. Inventory :

A. Inspected fibers stocked by grade at the end of the year being reported :

<u>GRADE</u>	<u>VOLUME</u> (kls)	<u>GRADE</u>	<u>VOLUME</u> (kls.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Ungraded fibers _____ kilos

C. Kind and volume of other commodities stored in the same bodega:

<u>KIND</u>	<u>VOLUME</u> (kls)	<u>KIND</u>	<u>VOLUME</u> (kls)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Total volume of fiber consumed the preceding year _____ (in kilos).

5. Name/s of employed licensed classifier/s: 1. _____
2. _____

Prepared by :

Signature of Establishment's Representative
over Printed Name

Attested by :

Signature of FIDA Representative
over Printed Name