



Republic of the Philippines
 Department of Agriculture
BUREAU OF PLANT INDUSTRY
 NATIONAL PLANT QUARANTINE SERVICES DIVISION
 692 San Andres St., Malate, Manila
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NEW RENEWAL

QUARANTINE TREATMENT PROVIDER ACCREDITATION
APPLICATION FOR QUARANTINE TREATMENT PROVIDER ACCREDITATION

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 REGISTRATION

Accreditation for Quarantine Treatment Provider Accreditation

- Copies of Security and Exchange Commission (SEC) / Department of Trade and Industry (DTI) Certificate of Registration
- Current Mayor's Permit
- Two (2) 2x2 ID picture of the owner and Representative/s
- Company profile
- Tax Identification Number (TIN) of the company
- Latest Income Tax Return (ITR)
- Latest Financial Statement
- List of Quarantine Treatment Operator (Qualifications, Training and Certificates)
- Lay-out/pictures/description of the Treatment Facility

Additional Requirements:

FUMIGATION:	HEAT TREATMENT:	VAPOR HEAT TREATMENT
<input type="checkbox"/> FPA License	<input type="checkbox"/> Chamber Test	<input type="checkbox"/> Sensor Test
<input type="checkbox"/> List of Equipment		<input type="checkbox"/> Running Test
		<input type="checkbox"/> Chamber Test

I hereby certify under oath that all the 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.

 (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 _____