



Republic of the Philippines
Department of Agriculture
BUREAU OF AGRICULTURE AND FISHERIES STANDARDS
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Form No.
OARS-01-EUP

Application Tracking No.
(for OARS use only)

ORGANIC AGRICULTURE REGISTRATION SECTION

APPLICATION FOR EXPERIMENTAL USE PERMIT (EUP) – ORGANIC BIO-CONTROL AGENT (OBCA)

INSTRUCTION: Print legibly and mark appropriate boxes with . Submit Duly Accomplished Application Form No. OARS-01-EUP. All marked with **asterisk (*)** must be filled up. EUP shall be applied for and issued by DA-BAFS before any efficacy trial for OBCA product is conducted to generate the data required for registration. Only data generated from approved experiments conducted by DA-BAFS-certified researchers shall be accepted.

OBCA Product Type	<input type="checkbox"/> Organic Botanical	<input type="checkbox"/> Organic Macrobial	Purpose	
	<input type="checkbox"/> Organic Microbial	<input type="checkbox"/> Organic Semiochemical	<input type="checkbox"/> 1st Trial	<input type="checkbox"/> 2nd Trial
			<input type="checkbox"/> Label Expansion	

I. APPLICANT INFORMATION

1.1 *Company Name

*Company Address

Unit/Block/No. Street Subdivision/Village Barangay

Municipality/City Province Country Zip Code

1.2 *Authorized Contact Person's Name

Surname First Name Extension Name (Jr/Sr/III) Middle Name

Sex: Male Female *Position *Contact Number(s) *Email Address(es)

II. *OBCA PRODUCT BRAND NAME

III. *NAME OF ACTIVE INGREDIENT AND PERCENT PURITY

IV. * TARGET PEST AND TEST CROP V. *TOTAL AREA COVERED VI. *DURATION OF TRIAL

VII. *TREATMENT AND METHOD OF APPLICATION

VIII. *TOTAL AMOUNT OF PRODUCT NEEDED FOR THE TRIAL

IX. *LOCATION OF EXPERIMENTAL SITE (please provide Location Map)

X. *DA-BAFS CERTIFIED RESEARCHER'S NAME

Surname First Name Extension Name (Jr/Sr/III) Middle Name

*Contact Number(s) *Email Address(es)

*Address

I declare that the information I have provided herein including the attachments are true and correct to the best of my knowledge.

Applicant's Name and Signature:

(Authorized Contact Person's Signature)

(Authorized Contact Person's Printed Name)

(Date: Day-Month-Year)