



Republic of the Philippines
Department of Agriculture
BUREAU OF AGRICULTURE AND FISHERIES STANDARDS
BPI Compound, Visayas Avenue, Diliman, Quezon City, 1101 Philippines
DA Trunkline: (02) 928-8741 to 64 Local 3304
E-mail: oars.agriculture@gmail.com Website: http://bafs.da.gov.ph

Form No.
OARS-02-COR

Application Tracking No.
(for OARS use only)

ORGANIC AGRICULTURE REGISTRATION SECTION
APPLICATION FOR REGISTRATION OF ORGANIC INPUT PRODUCER

INSTRUCTION: Print legibly and mark appropriate boxes with . Submit Duly Accomplished Application Form No. OARS-02-COR. All marked with **asterisk (*)** must be filled up. All organic input producers engaged in the manufacture, distribution, exportation, and importation of OSA and OBCA products shall register with DA-BAFS.

| Organic Input Product Category | | Type of Application | | |
|--|---|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Organic Soil Amendments (OSA) | <input type="checkbox"/> Organic Bio-Control Agents (OBCA) | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> New with TPA |
| Nature of Business | <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor | <input type="checkbox"/> Importer <input type="checkbox"/> Importer – End-user | <input type="checkbox"/> Exporter | |

I. PRODUCER 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: | *Position | *Contact Number(s) | *Email Address |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |

1.3 *For Importer Only

1.3.1 Supplier's Name:

1.3.2 Country of Origin:

1.4 *For Distributor Only

1.4.1 Manufacturer's Name (Mother Company):

1.5 *For Manufacturer Only

1.5.1 List of Distributors:

| |
|----|
| 1. |
| 2. |
| 3. |

II. ORGANIC CERTIFICATE INFORMATION

2.1 *Organic Certifying Body's (OCB) Name:

2.2 *Organic Certificate Number:

2.3 *Organic Certificate Validity:

III. *ORGANIC CERTIFIED ORGANIC INPUT PRODUCT BRANDNAMES (Use Separate Sheet, if necessary)

| OSA Product(s) | OBCA Product(s) |
|----------------|-----------------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

IV. *WAREHOUSE FACILITIES (Use Separate Sheet, if necessary)

| Complete Address | Capacity |
|------------------|----------|
| 1. | |
| 2. | |

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)