



Republic of the Philippines
Department of Agriculture
BUREAU OF AGRICULTURE AND FISHERIES STANDARDS
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Form No.
OARS-03-CPR

Application Tracking No.
(for OARS use only)

ORGANIC AGRICULTURE REGISTRATION SECTION
APPLICATION FOR REGISTRATION OF ORGANIC INPUT PRODUCT

INSTRUCTION: Print legibly and mark appropriate boxes with . Submit Duly Accomplished Application Form No. OARS-03-CPR. All marked with asterisk (*) must be filled up. All OSA and OBCA products, which are produced locally or imported, must be registered 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
OSA Product Type		OBCA Product Type	
<input type="checkbox"/> Organic Fertilizer	<input type="checkbox"/> Organic Plant Supplement	<input type="checkbox"/> Organic Botanical	<input type="checkbox"/> Organic Macrobial
<input type="checkbox"/> Organic Soil Conditioner	<input type="checkbox"/> Organic Microbial Inoculant	<input type="checkbox"/> Organic Microbial	<input type="checkbox"/> Organic Semiochemical

I. PRODUCT INFORMATION

1.1 *Brand Name

1.2.a *Nutrient Composition (For OSA Product Only)

Nitrogen (%):	
Phosphorus (%):	
Potassium (%):	

1.2.b *Name of Active Ingredient and Percent Purity (For OBCA Product Only)

1.3 *For Imported Product Only

1.3.1 Supplier's Name:

1.3.2 Country of Origin:

II. PRODUCER INFORMATION

2.1 *Company Name

2.2 *Authorized Contact Person's Name

<i>Surname</i>	<i>First Name</i>	<i>Extension Name (Jr/Sr/III)</i>	<i>Middle Name</i>
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Sex:	*Position	*Contact Number(s)	*Email Address
<input type="checkbox"/> Male <input type="checkbox"/> Female			

III. ORGANIC CERTIFICATE INFORMATION

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

3.2 *Organic Certificate Number:

3.3 *Organic Certificate Validity:

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)