



Republic of the Philippines
 Department of Agriculture
BUREAU OF AGRICULTURE AND FISHERIES STANDARDS
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Form No.
 OARS-05-IEP
 Application Tracking No.
(for OARS use only)

ORGANIC AGRICULTURE REGISTRATION SECTION
APPLICATION FOR ORGANIC INPUT IMPORTATION OR EXPORTATION PERMIT

INSTRUCTION: Print legibly and mark appropriate boxes with . Submit Duly Accomplished Application Form No. OARS-05-IEP. All marked with **asterisk (*)** must be filled up. Only DA-BAFS' registered producers can import or export organic input (OSA and OBCA) products. Likewise, only DA-BAFS' registered organic input products can be imported or exported. Applicants shall submit the required documents together with this accomplished application form at least two (2) days prior the arrival or departure of organic input products to be imported or exported.

Organic Input Product Category	<input type="checkbox"/> Organic Soil Amendments (OSA)	Purpose	
	<input type="checkbox"/> Organic Bio-Control Agents (OBCA)	<input type="checkbox"/> Experimental Use	<input type="checkbox"/> Commercial Use
		<input type="checkbox"/> End-user	

I. APPLICANT INFORMATION

1.1 *Company Name

	*Tax Identification No. (TIN):
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*Company Address

<i>Unit/Block/No.</i>	<i>Street</i>	<i>Subdivision/Village</i>	<i>Barangay</i>
<i>Municipality/City</i>	<i>Province</i>	<i>Country</i>	<i>Zip Code</i>

1.2 *Authorized Contact Person's Name

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

II. DESCRIPTION

*Country of Origin/Destination	*Company Name of the Supplier/Consignee
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*Company Address of the Supplier/Consignee

*Name of Contact Person	*Contact Number(s)	*Email Address(es)
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*Port of Loading (if available)	*Mode of Transportation
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*Estimated Date of Departure	*Estimated Date of Arrival	*Philippines Port of Entry/Exit
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*ITEMS (Specify Product Category)	*BRAND NAME	*QUANTITY
1.		
2.		
3.		
4.		
5.		

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)