



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 DIVISION - REGISTRATION SECTION**

**APPLICATION FOR EXPERIMENTAL USE PERMIT**

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.

<b>OBCA Product Type</b>	<input type="checkbox"/> Organic Botanical	<b>Purpose</b>	
	<input type="checkbox"/> Organic Microbial	<input type="checkbox"/> 1st Trial	<input type="checkbox"/> 2nd Trial
		<input type="checkbox"/> For other purposes: _____	

**I. APPLICANT INFORMATION**

1.1 *Business/Company Name		*Tax Identification No. (TIN):	
*Business/Company Address			
Unit/Block/No.	Street	Subdivision/Village	Barangay
Municipality/City	Province	Country	Zip Code
1.2 *Name of Company Owner/Authorized Representative			
Surname	First Name	Extension Name (Jr/Sr/III)	Middle Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	*Position	*Contact Number(s)	*Email Address(es)

**II. \* OBCA PRODUCT NAME**

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**III. \*NAME OF ACTIVE INGREDIENT AND PERCENT PURITY**

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<b>IV. * TARGET PEST AND TEST CROP</b>	<b>V.*TOTAL AREA COVERED</b>	<b>VI. DURATION OF THE TRIAL</b>

**VII.\*TREATMENT AND METHOD OF APPLICATION**

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**VIII.\*TOTAL AMOUNT OF PRODUCT NEEDED FOR THE TRIAL**

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**IX.\*LOCATION OF EXPERIMENTAL SITE**

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**X.\*NAME OF RESEARCHER AND DETAILS**

*Contact Number	*Email Address
*Address	

I declare that the information I have provided herein including the attachments are true and correct to the best of my knowledge. I hereby authorize DA-BAFS to collect such information for purposes of record keeping, promotion of Organic Agriculture, and share business information to affiliates and necessary third parties for any legitimate business purposes.

Applicant's Name and Signature:

\_\_\_\_\_  
 Authorized Representative's Signature

\_\_\_\_\_  
 Authorized Representative's Printed Name

\_\_\_\_\_  
 Date: Day/Month/Year

OARS.V1. January 2024