



**ORGANIC AGRICULTURE DIVISION - REGISTRATION SECTION**  
**APPLICATION FOR REGISTRATION OF ORGANIC INPUT PRODUCT**

**INSTRUCTION:** Print legibly and mark  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.

The DA-BAFS fully recognizes the value of your personal information, particularly as it may include sensitive personal information such as your gender, contact number, address, etc. Upon filling up and signing of this application form, you acknowledge and agree that your information may be transferred to and processed by the DA-BAFS, following legal and regulatory standards for data protection and privacy.

<b>Organic Input Product Category</b> <input type="checkbox"/> Organic Soil Amendments (OSA) <input type="checkbox"/> Organic Bio-Control Agents (OBCA)		<b>Type of Application</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> New with TPA <input type="checkbox"/> Label Expansion (For OBCA only)	
<b>OSA Product Type</b> <input type="checkbox"/> Organic Fertilizer <input type="checkbox"/> Organic Plant Supplement <input type="checkbox"/> Organic Soil Conditioner <input type="checkbox"/> Organic Microbial Inoculant		<b>OBCA Product Type</b> <input type="checkbox"/> Organic Botanical <input type="checkbox"/> Organic Macrobial <input type="checkbox"/> Organic Microbial <input type="checkbox"/> Organic Semiochemical	

**I. PRODUCT INFORMATION**

1.1 \*Brand Name

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1.2. \*Name of Active Ingredient and Percent Purity (For OBCA Product Only) or Type of Microorganism (For OSA Product Only)

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1.3 \*For Imported Product Only

1.3.1 Supplier's Name:

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1.3.2 Country of Origin:

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**II. PRODUCER INFORMATION**

2.1 \*Company Name

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2.2 \*Nature of Business (Tick appropriate)

Importer      Exporter      Manufacturer      Distributor

End-user      Others: \_\_\_\_\_

2.3 \*Authorized Contact Person's

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

Sex:	*Position	*Company Contact Information	*Company Email Address
<input type="checkbox"/> Male			
<input type="checkbox"/> Female			

**III. ORGANIC CERTIFICATE INFORMATION**

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

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3.2 \*Organic Certificate Number:

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3.3 \*Organic Certificate Validity:

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*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 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.*

Applicants' Name and Signature

\_\_\_\_\_

(Authorized Contact Person's Signature)

\_\_\_\_\_

(Authorized Contact Person's Name)

\_\_\_\_\_

(Date: Day-Month-Year)

OARSv1.January 2024

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Note: This applies only for the producers authorizes other business enterprise/s.

Nature of Business: Importer, Exporter, Distributor, Manufacturer, End-user and others (as applicable)

<b>IV. LIST OF AUTHORIZED BUSINESS ENTERPRISE (Nature of Business/es: Distributor, Importer, Exporter, Manufacturer and/or End-User)</b>					
<b>No.</b>	<b>Company Name</b>	<b>Company Address</b>	<b>Contact Person</b>	<b>Contact Details</b>	<b>Nature of Business, as applicable</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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\_\_\_\_\_  
*(Authorized Contact Person's Signature)*

\_\_\_\_\_  
*(Authorized Contact Person's Name)*

\_\_\_\_\_  
*(Date: Day-Month-Year)*

OARSv1 January 2024