

PhilFIDA FORM 1B
Revised 2021

Republic of the Philippines
Department of Agriculture
PHILIPPINE FIBER INDUSTRY DEVELOPMENT AUTHORITY
Region _____

Control No. : _____
Date Applied : _____
Date Released : _____
License Expires on : _____

APPLICATION FOR BUYING STATION LICENSE
(Original)

The Executive Director
PhilFIDA, Quezon City

Thru: The Regional Director
Region _____

Sir/Madam :

I have the honor to apply for a **Buying Station License** pursuant to PD 652 in relation to Executive Order Nos. 709, 116 and 366, and in accordance with the provisions of PhilFIDA Administrative Circular No. 12:

1. Name of Buying Station: _____
 Address : _____
 Tel. No. _____ Fax No. _____ E-mail _____

 Name of Mother Company : _____
 Address : _____
 Tel. No. _____ Fax No. _____ E-mail _____
 Metro. Mla. (if any) : _____
 Tel. No. _____ Fax No. _____ E-mail _____ ;
2. That I, _____, _____ (Nationality)
 residing at _____ with TIN: _____
 represent the above buying station as Manager Warehouseman Others _____;
3. That the initial station and registered mark of my Mother Company is _____;
4. That I am dealing with _____ fiber/s;
5. That I am submitting the following document/s to support my application:
 Certification from Mother Company Mayor's Permit or Business Permit
6. That I shall allow PhilFIDA authorized representative to have free access to my establishment;
7. That I shall submit monthly statistical information/data required by PhilFIDA;
8. That I have _____ (number) employee/s of whom _____ (number) is/are male/s/ _____ senior citizen/s/ _____ pwd/s/ and _____ (number) is/are female/s/ _____ senior citizen/s/ _____ pwd/s/ with an average of _____ (number) dependent/s per employee;

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9. That I and my personnel shall at all times comply with the PhilFIDA rules and regulations.

I hereby certify under the penalty of law to the veracity of the above statements and that the application was prepared by me or my authorized representative under my personal direction.

Printed Name and Signature of Applicant

REPUBLIC OF THE PHILIPPINES)
PROVINCE OF _____) S.S.
Municipality of _____)

SUBSCRIBED AND SWORN to before me on this ___ day of _____ 20__ affiant exhibiting to me his/her Community Tax Certificate No. _____ issued at _____ on _____ 20__.

Notary Public
Until December 20 ____

Doc. No. _____
Book No. _____
Page No. _____
Series of _____

C E R T I F I C A T I O N
(To be filled out by the Licensing Personnel)

I hereby certify that the application of _____ for Buying Station license has been reviewed/verified by me and that all the requirements are duly complied with.

Application fee of _____ (P_____) and license fee of _____ (P_____) for a total of _____ (P_____) was paid under OR No. _____ dated _____.

Remarks: _____.

Attested by :

Verified by:

OIC - Regional Director

Printed Name and Signature

Designation

Republic of the Philippines
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Date of Inspection

**REPORT ON INSPECTION/EVALUATION OF FACILITIES/PREMISES
(BUYING STATION & LOCAL TRADER (CLASS B, C & D))**

1. Name of Establishment/Licensee _____
2. Address: _____ IS/Reg. Mark: _____ Class: _____
3. Location of warehouse: _____

<u>Facilities/Premises/Equipment:</u>	<u>Score</u>	<u>Standard</u>
a. With partition to segregate fiber in case other commodities are stored in the same bodega	_____	30%
b. Clean storage area for fiber with hanging poles/other similar facilities for drying fiber	_____	20%
c. With concrete flooring storage	_____	30%
d. Weighing Device: (if defective - 0%)	_____	<u>20%</u>
TOTAL -		100%

4. PhilFIDA Signboard : (Complied/Not complied) _____ (To be complied within 60 days for New Licensee

I/We hereby certify that the foregoing inspection report was based on the actual inspection conducted by undersigned PhilFIDA representative on the facilities/premises of the above establishment/licensee.

Remarks/Recommendations: _____

Conforme : _____
Operator/Manager

Inspected/Evaluated by : _____
Print Name and Signature

Designation

Note:

Establishments with total rating below 75% shall not be issued licenses