

Republic of the Philippines  
Department of Agriculture  
**PHILIPPINE FIBER INDUSTRY DEVELOPMENT AUTHORITY**  
Region \_\_\_\_\_

Control No. : \_\_\_\_\_  
Date Renewed : \_\_\_\_\_  
Date Released : \_\_\_\_\_  
License Expires on : \_\_\_\_\_

**APPLICATION FOR BUYING STATION LICENSE**  
(Renewal)

The Executive Director  
PhilFIDA, Quezon City

Thru : The Regional Director  
Region \_\_\_\_\_

Sir/Madam:

I have the honor to apply for the renewal of my **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 approved marks of my establishment are :  
\_\_\_\_\_ Initial of Station \_\_\_\_\_ Registered Mark \_\_\_\_\_ Establishment No.;
4. That my previous license number \_\_\_\_\_ was issued on \_\_\_\_\_ at \_\_\_\_\_ and will expire on \_\_\_\_\_;
5. That I am dealing with \_\_\_\_\_ fiber/s;
6. That the volume of fiber/s transacted by my establishment the preceding year was \_\_\_\_\_ kilos;
7. That I am submitting the following document/s to support my application: (Please check appropriate box)  
 Mayor's Permit or Business Permit  Annual Report of Operation the Preceding year
8. That the following is/are the amendment/s and/or change/s in my original application (if any);  
1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_
9. That I shall allow PhilFIDA authorized representative to have free access to my bodega/establishment;
10. That I shall submit statistical information/data required by PhilFIDA for monitoring purposes;

11. 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;

12. 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

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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 \_\_\_\_\_

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**CERTIFICATION**  
(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

LICENSE FORM 02  
(For Renewal)  
Revised 2021

Republic of the Philippines  
Department of Agriculture  
**PHILIPPINE FIBER INDUSTRY DEVELOPMENT AUTHORITY**  
Region \_\_\_\_\_

\_\_\_\_\_  
Date of Inspection

**REPORT ON RE-INSPECTION/RE-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: \_\_\_\_\_

| <b><u>Facilities/Premises/Equipment:</u></b>   | <b><u>Score</u></b> | <b><u>Standard</u></b> |
|--|---------------------|------------------------|
| 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%)  | _____               | 20%                    |
| <b>TOTAL -</b>   | <b>100%</b>         |                        |

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 : \_\_\_\_\_ Re-inspected/Re-evaluated by : \_\_\_\_\_  
Operator/Manager Print Name and Signature

\_\_\_\_\_  
Designation

Note:

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

LICENSE FORM 06  
Revised 2021

Republic of the Philippines  
Department of Agriculture  
**PHILIPPINE FIBER INDUSTRY DEVELOPMENT AUTHORITY**  
Region \_\_\_\_\_, \_\_\_\_\_

**Annual Report of Operation**  
(Buying Station)

Name of Licensed Buying Station : \_\_\_\_\_

Address : \_\_\_\_\_

IS/RM : \_\_\_\_\_ Establishment No. : \_\_\_\_\_ Class : \_\_\_\_\_

Name of Mother Company : \_\_\_\_\_

Address : \_\_\_\_\_ IS/RM \_\_\_\_\_ Class \_\_\_\_\_

Location of Warehouse: \_\_\_\_\_

1. Fiber/Origin by Province:

| <u>Fiber/s</u> | <u>District of Production</u> |
|----------------|-------------------------------|
| _____          | _____                         |
| _____          | _____                         |
| _____          | _____                         |
| _____          | _____                         |

2. Volume of fibers bought the preceding year :

\_\_\_\_\_ kilos (as declared by participants)

\_\_\_\_\_ kilos (as verified thru PTF/Primary Certificate by Licensing Officer)

\_\_\_\_\_  
Signature Over Printed Name

Attested By:

\_\_\_\_\_  
Signature of PhilFIDA Representative  
Over Printed Name