

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

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

APPLICATION FOR CLASSIFIER 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 **Classifier 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:

- Name _____
TIN _____ Civil Status _____
Sex _____ Age _____ Height _____ (cm) Weight _____ (kls)
Nationality _____
Employer _____ Address _____;
- That I intend to classify this year the following fibers: (Pls. specify)

<input type="checkbox"/> Abaca	<input type="checkbox"/> Kapok	<input type="checkbox"/> Ramie
<input type="checkbox"/> Buntal	<input type="checkbox"/> Kenaf	<input type="checkbox"/> Sabahon
<input type="checkbox"/> Cabo Negro	<input type="checkbox"/> Maguey	<input type="checkbox"/> Salago
<input type="checkbox"/> Canton	<input type="checkbox"/> Musa Factory	<input type="checkbox"/> Non-Abaca (MSP)
<input type="checkbox"/> Coir	Waste	<input type="checkbox"/> Banana
<input type="checkbox"/> Sisal	<input type="checkbox"/> Pacol	<input type="checkbox"/> Others _____
<input type="checkbox"/> Cotton		Specify
- That my previous classifier license number ___ was issued on _____ at _____ ;
- That I have not violated any provision of the Authority ;
- That I shall at all times comply with the rules and regulations of the Philippine Fiber Industry Development Authority (PhilFIDA);
- That I have _____ (number) dependent/s in the family.

I hereby certify under the penalty of law to the veracity of the above statements and that this application was prepared by me.

Printed Name and Signature of Applicant

License/application fees: _____ (P_____) O.R. No. _____ Date Paid _____
Surcharge/penalty : _____ (P_____) O.R. No. _____ Date Paid _____

Attested by

Verified by :

OIC - Regional Director

Printed Name and Signature