

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

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

APPLICATION FOR GRADING/BALING ESTABLISHMENT (GBE) 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 **Grading/Baling Establishment (GBE) 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 Establishment : _____
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 establishment as _____ (Pres./Mgr./Prop.);
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 _____;
5. That I am exporting _____ (kinds) fiber/s to _____ (country);
6. That I am submitting the following documents to support my application: (Please check appropriate box)
 Report of Operation for the Preceding Year in PhilFIDA form.
 List of Fiber Trader/s and Employed Classifier/s in PhilFIDA form.
 Mayor's Permit or Business Permit
7. That the following is/are the amendments and/or change/s in my original application/s:
1. _____ 3. _____
2. _____ 4. _____
8. That I shall allow PhilFIDA representative/s to have free access to my bodega/establishment;
9. That my establishment pressed _____ bales during the preceding year;
10. That I shall provide a segregating partition in case commodities other than fiber are also stored in the same bodega;
11. That I shall submit statistical information/data required by PhilFIDA;
12. 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;

13. 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 this application was prepared by me or my authorized representative under my personal direction.

Signature of Applicant Over Printed Name

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 _____

CERTIFICATION
(To be filled out by Licensing Personnel)

I hereby certify that the application of _____ for Grading/Baling Establishment (GBE) 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 RE-INSPECTION/RE-EVALUATION OF FACILITIES/PREMISES
(FOR GBE, CLASS A TRADER & TRADER-EXPORTER ONLY)**

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

Facilities/Premises:	<u>Rating</u>	<u>Standard Rating</u>
a. With partition to segregate fiber in case other commodities are stored in the same bodega _____	_____	30%
b. With clean storage and adequate classification area _____	_____	20%
c. With adequate lighting facilities _____	_____	20%
d. With hanging poles/other similar facilities for drying _____	_____	10%
e. With restriction signs, such as “no smoking” “no plastic allowed”, etc. _____	_____	10%
f. Weighing Device: (if defective – 0%) _____	_____	10%
		100%

4. Number of licensed classifiers employed by the applicant: _____;
5. Floor area of warehouse: _____ sq. m.; adequate ; inadequate (Pls. check)
6. Kind of pressing machine: ordinary high density ;
7. With cloth tag without cloth tag ;
8. With locker without locker for government stamps & other facilities for PhilFIDA employee assigned thereat;
9. PhilFIDA Signboard : Complied ; Not Complied ; New licensee (To be complied within 60 days)

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 rating below 75% in facilities/premises shall not be issued licenses

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Annual Report of Operation
(Grading/Baling Establishment)

Name of GBE : _____

Address : _____

Establishment No. _____ Initial of Station _____ Reg. Mark _____ Class _____

1. Dealing with _____ fibers.

2. Origin of Fiber/s:

<u>Fiber/s</u>	<u>District of Production/Province</u>
_____	_____
_____	_____

3. Baling Operation :

a. Volume of fibers baled for own operation _____

b. Volume of fibers baled for others (State name and address of person/entity)

Name	Address
_____	_____

4. Inspection of fibers :

a. Volume of bales inspected : _____

() For Export _____ () For Local consumption _____
(No. of Bales) (No. of Bales)

b. () Total No. of Bales Pressed _____ as verified from Primary Certificates by the Licensing officer.

c. Volume of approved bales : _____

5. Volume of Sales/Outlets:

() For Export _____ () For Local Consumption _____
(No. of Bales) (No. of Bales)

6. Employed _____ licensed classifier/s the preceding year.

(number)

7. Total volume of bales pressed the preceding year

Kind	Volume
_____	_____
_____	_____

Certified Correct:

Pres./Prop./Manager

Attested by:

Signature of PhilFIDA Representative
Over Printed Name