

Date CPA Seminar
Attended: _____

Date CPA Exams
Taken: _____

Score: _____

National Committee on Urban Pest Control [NCUPC]
Manila

CPA License No.: _____

Receipt No.: _____

Date License
Granted: _____

**APPLICATION FOR A LICENSE AS A
CERTIFIED PESTICIDE APPLICATOR**

Application Guidelines:

1. This information has been prepared to assist applicant in applying for a License as a Certified Pesticide Applicator. Following this advice will enable speedy consideration of the application.

The Implementing Rules & Regulations [IRR] of the NCUPC provides the granting and issuance of licenses that enable person/s to perform pest control and fumigation activities in the urban areas. **The carrying out of either of these activities, without lawful authority, is illegal and offenders are liable for prosecution.**

2. Applications are processed only when all information requested is provided. Applicant will be notified by mail if the license is granted.
3. Please print clearly and answer all questions in full.
4. When required, do not submit/ send original copies of your qualification document/s. Attach 2 pcs. 1"x1" colored w/ white background ID.
5. This application form requires the applicant's original signature in ink.

1. APPLICANT DETAILS			
First Name [Don't abbreviate]		Last Name [Female, include Middle Name]	
THE CPA License will be issued in the names recorded above.			
Date of Birth		Place of Birth	
Residential Address			
Postal Address			
Telephone Number		Facsimile Number	
2. EMPLOYMENT/ BUSINESS DETAILS			
Are you: <input type="checkbox"/> self-employed in urban pest control industry <input type="checkbox"/> employed as a business partner in the urban pest control industry <input type="checkbox"/> employed by a company in the urban pest control industry <input type="checkbox"/> not employed in the urban pest control industry			
Company Name			
Street Address			
Postal Address			
Contact Person			
Telephone Number		Facsimile Number	
E-Mail Address		Website	

3. STORAGE PREMISES OF PESTICIDES/ FUMIGANT		
Business Name		
Street Address		
Telephone Number		
4. TERM OF CPA LICENSE		
<input type="checkbox"/> 1 Year Fee: PhP 1,000.00 <input type="checkbox"/> 2 Years Fee: PhP 1,200.00 <input type="checkbox"/> 3 Years Fee: PhP 1,400.00 <input type="checkbox"/> 4 Years Fee: PhP 1,600.00 <input type="checkbox"/> 5 Years Fee: PhP 1,800.00		
5. PAYMENT OF FEES		
Total Fee Payable	PhP _____	<input type="checkbox"/> Tick if official receipt is required
6. TYPE OF URBAN PEST CONTROL ACTIVITY		
Urban Pest Control Activity:		
<input type="checkbox"/> Structural Pest Control		<input type="checkbox"/> Non-Structural Pest Control
<input type="checkbox"/> Others, please specify _____		
Fumigation Activity:		
<input type="checkbox"/> Aircraft	<input type="checkbox"/> Ships/ Tanker	
<input type="checkbox"/> Buildings/ Structures	<input type="checkbox"/> Silos	
<input type="checkbox"/> Van/ Containers	<input type="checkbox"/> Fumigation Chambers/ Rooms	
<input type="checkbox"/> Tarpaulin	<input type="checkbox"/> Others, please specify _____	
7. DISCLOSURE		
Have you been convicted of an indictable offense?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you violated the IRR of the NCUPC and your PCA License been suspended/ revoked/ cancelled		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please attach documentation that provides details [condition/ nature/ circumstances of commission] of the suspension/ revocation/ cancellation.		
8. DECLARATION		
I apply for a license as a Certified Pesticide Applicator in relation to the activity stated above. I enclosed the prescribed fee stated at Section 4.		
I have the physical capacity to carry out an urban pest control activity		<input type="checkbox"/> Yes <input type="checkbox"/> No
I have the mental capacity to carry out an urban pest control activity		<input type="checkbox"/> Yes <input type="checkbox"/> No
I declare that the information stated by me on this application is true and correct		<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to the making of inquiries of, and the exchange of information the NCUPC or foreign country regarding my activities as a Certified Pesticide Applicator and any other matters relevant to this application		<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	<div style="border: 2px solid black; width: 250px; height: 40px;"></div>	Date Signed