

Date FUPCOP Seminar Attended: _____
Date Exams Taken: _____
Score: _____

**National Committee on Urban Pest Control [NCUPC]  
Manila**

FUPCOP License No.: _____
Receipt No.: _____
Date License Granted: _____

**APPLICATION FOR A LICENSE AS A  
FRANCHISE URBAN PEST CONTROL  
OPERATOR [FUPCOP]**

Application Guidelines:

1. This information has been prepared to assist applicant in applying for a License as a Franchise Urban Pest Control Operator [FUPCOP]. 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.
5. This application form requires the applicant's original signature in ink.

<b>1. APPLICANT DETAILS</b>			
First Name [Don't abbreviate]		Last Name [Female, include Middle Name]	
<b>THE FUPCOP License will be issued in the names recorded above.</b>			
Date of Birth		Place of Birth	
Residential Address			
Postal Address			
Telephone Number		Facsimile Number	
<b>2. BUSINESS DETAILS</b>			
Company Name			
Street Address			
Postal Address			
Contact Person			
Telephone Number		Facsimile Number	
E-Mail Address		Website	

<b>3. STORAGE PREMISES OF PESTICIDES/ FUMIGANT</b>		
Business Name		
Street Address		
Telephone Number		
<b>4. TERM OF FUPCOP LICENSE</b>		
<input type="checkbox"/> 1 Year Fee: PhP 1,500.00	<input type="checkbox"/> 2 Years Fee: PhP 2,500.00	<input type="checkbox"/> 3 Years Fee: PhP 3,000.00
<input type="checkbox"/> 4 Years Fee: PhP 3,500.00	<input type="checkbox"/> 5 Years Fee: PhP 4,000.00	
<b>5. PAYMENT OF FEES</b>		
Total Fee Payable	PhP	<input type="checkbox"/> Tick if official receipt is required
<b>6. TYPE OF URBAN PEST CONTROL ACTIVITY</b>		
Urban Pest Control To Engage In:		
<input type="checkbox"/> Structural Pest Control	<input type="checkbox"/> Non-Structural Pest Control	
<input type="checkbox"/> Others, please specify _____		
Fumigation To Engage In:		
<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 _____	
<b>7. DISCLOSURE</b>		
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 FUPCOP 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.		
<b>8. DECLARATION</b>		
I apply for a license as a <b>Franchise Urban Pest Control Operator [FUPCOP]</b> 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 Franchise Urban Pest Control Operator [FUPCOP] and any other matters relevant to this application		<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature		Date Signed