

Date FUPCPD Seminar Attended:

 Date Exams Taken:

 Score: _____

National Committee on Urban Pest Control [NCUPC]
 Manila

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

**APPLICATION FOR A LICENSE AS A
 FRANCHISE URBAN PEST CONTROL
 PRODUCT DISTRIBUTOR [FUPCPD]**

Application Guidelines:

1. This information has been prepared to assist applicant in applying for a License as a Franchise Urban Pest Control Product Distributor [FUPCPD]. 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.

1. APPLICANT DETAILS			
First Name [Don't abbreviate]		Last Name [Female, include Middle Name]	
THE FUPCPD License will be issued in the names recorded above.			
Date of Birth		Place of Birth	
Residential Address			
Postal Address			
Telephone Number		Facsimile Number	
2. BUSINESS DETAILS			
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 FUPCPD LICENSE		
<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	
5. PAYMENT OF FEES		
Total Fee Payable	PhP	<input type="checkbox"/> Tick if official receipt is required
6. TYPE OF URBAN PEST CONTROL PRODUCT DISTRIBUTION		
Distribute Products For Urban Pest Control:		
<input type="checkbox"/> Structural Pest Control	<input type="checkbox"/> Non-Structural Pest Control	
<input type="checkbox"/> Others, please specify _____		
Distribute Products For Fumigation:		
<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 FUPCPD 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 Franchise Urban Pest Control Product Distribution [FUPCPD] 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 Product Distributor [FUPCPD] 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: 50px;"></div>	Date Signed