



## APPLICATION FORM OF MEAT ESTABLISHMENT NMIS LICENSE TO OPERATE (LTO)

### INSTRUCTIONS:

1. Only authorized company representative is allowed to fill-up the application form. Photocopy of the valid ID of the applicant must be attached to this form.
2. The information provided in the application form MUST be complete, true and correct.
3. Tick (✓) mark the box that corresponds to the info. Please do not leave any spaces blank, indicate N/A if not applicable. Providing false information statements is punishable by law (RA10536).

1. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Upgrading	2. Type of Plant <input type="checkbox"/> Abattoir/Slaughterhouse <input type="checkbox"/> Slaughterhouse with Meat fabrication <input type="checkbox"/> Poultry Dressing Plant <input type="checkbox"/> Dressing with further processing <input type="checkbox"/> Private facility <input type="checkbox"/> Public facility <input type="checkbox"/> Line 1 <input type="checkbox"/> Line 2	3. Company Tax Identification Number (TIN)  4. NMIS LTO No.
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5. Complete Company Name : \_\_\_\_\_  
 Meat Establishment Address: \_\_\_\_\_  
 Telephone no. : \_\_\_\_\_ Fax no. (including area code) : \_\_\_\_\_

6. Name of Applicant (Official Company Representative): \_\_\_\_\_ Designation: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Email address : \_\_\_\_\_ Telephone/Fax no. : \_\_\_\_\_

7. No. of days/month operational \_\_\_\_\_ 8. No. of shift/day \_\_\_\_\_ 9. No. of hours/shift \_\_\_\_\_

10. Number of Animal slaughtered/dressed (heads/day) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Species of animal</th> <th style="text-align: left;">Average daily slaughtered</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Swine</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Cattle</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Carabao</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Goat/Sheep</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Crocodile</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Horse</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Poultry</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Peking duck</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Ostrich</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Others (Please specify)</td><td>_____</td></tr> </tbody> </table>	Species of animal	Average daily slaughtered	<input type="checkbox"/> Swine	_____	<input type="checkbox"/> Cattle	_____	<input type="checkbox"/> Carabao	_____	<input type="checkbox"/> Goat/Sheep	_____	<input type="checkbox"/> Crocodile	_____	<input type="checkbox"/> Horse	_____	<input type="checkbox"/> Poultry	_____	<input type="checkbox"/> Peking duck	_____	<input type="checkbox"/> Ostrich	_____	<input type="checkbox"/> Others (Please specify)	_____	11. Maximum production capacity/hr. _____ _____ _____ _____ _____ _____ _____ _____ _____
Species of animal	Average daily slaughtered																						
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<input type="checkbox"/> Peking duck	_____																						
<input type="checkbox"/> Ostrich	_____																						
<input type="checkbox"/> Others (Please specify)	_____																						

12. Prepared (with fabrication)

Kind of Meat	Product	Average daily production	Brand name
		Volume	
<input type="checkbox"/> Pork <input type="checkbox"/> Cutting	_____	_____	_____
<input type="checkbox"/> Beef <input type="checkbox"/> Deboning	_____	_____	_____
<input type="checkbox"/> Carabeef <input type="checkbox"/> Mechanical boning/MSM	_____	_____	_____
<input type="checkbox"/> Chevon	_____	_____	_____
<input type="checkbox"/> Crocodile meat	_____	_____	_____

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- Chicken \_\_\_\_\_
- Culled \_\_\_\_\_
- Duck meat \_\_\_\_\_
- Ostrich meat \_\_\_\_\_
- Others (Please specify) \_\_\_\_\_

13. Destination/Distribution

Wet Markets \_\_\_\_\_

Hotels/ Restaurants/Institutional Client \_\_\_\_\_

Cold Storage \_\_\_\_\_

Meat Shops \_\_\_\_\_

Supermarkets \_\_\_\_\_

Depot Centers \_\_\_\_\_

14. Storage Capacity	Area (cubic meters)	No. of Units	Capacity (MT)
Chiller	_____	_____	_____
Blast Chiller	_____	_____	_____
Holding Freezer	_____	_____	_____
Other Cold Storage Use	_____	_____	_____

15. Contract/Toll Processor

Company Name : \_\_\_\_\_

Address : \_\_\_\_\_

Email address : \_\_\_\_\_ Telephone/fax no. : \_\_\_\_\_

16. Present status of Labeling

- Are labeling/packaging materials provided to contract processor?     yes     no
- Does the label indicate the contract toll processor?                     yes     no

<input type="checkbox"/> GMP Certificate O.R No.: _____ Date issued: _____ Amount: _____	<input type="checkbox"/> HACCP Certificate O.R No.: _____ Date issued: _____ Amount: _____	<input type="checkbox"/> LTO Certificate O.R No.: _____ Date issued: _____ Amount: _____
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**I hereby certify that the above statements are true and correct to the best of my knowledge and documentary requirements submitted are complete and updated. (Please attached photocopy (back-to-back) valid Company I.D)**

\_\_\_\_\_  
Name and Signature of applicant

*(This portion is to be filled-out by NMIS Authorized Representative)*

Date of Application: \_\_\_\_\_

\_\_\_\_\_  
NMIS Authorized Representative  
(Signature over printed name)