

Control No: _____

APPLICATION FOR THE ISSUANCE OF CERTIFICATE OF ACCREDITATION TO MEAT TRANSPORT VEHICLES

INSTRUCTION:

1. Only authorized company representative is allowed to fill-up the application 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 punished by law (RA10536)

Type of Application

- New
 Renewal

Registered Owner : _____

Address: _____

e-mail address: _____

Telephone number: _____

Fax number : _____

Vehicle Identification

Make: _____

Plate number: _____

Engine Number: _____

LTO Certificate of Registration Number: _____

LTO Official Receipt of Registration: _____

Accredited Meat Establishments to be served ; _____

Destination (*major markets to be served*): _____

All data collected is used for legitimate purpose of the stated form and adheres with the compliance to the Data Privacy Act of 2012

I hereby certify that the above statement are true and correct to the best of my knowledge and the documentary requirements are complete.

Applicant

(Signature over printed name)

(*This portion to be filled out by NMIS authorized representative*)

Control No: _____

Date of Application: _____

Date of Release: _____

NMIS authorized representative

(Signature over printed name)

(*Applicant's Copy*)

Control No: _____

Date of Application: _____

Date of Release: _____

Applicant

(Signature over printed name)