



## APPLICATION FORM FOR SLAUGHTERHOUSE POULTRY DRESSING PLANT 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. Scope of Activity \_\_\_\_\_ 8.No. of days/month operational \_\_\_\_\_ 9. No. of shift/day \_\_\_\_\_ 10. No. of hours/shift \_\_\_\_\_  
 (e.g. Slaughtering of Hogs, Cattle and Carabao) 11. Time of Operation: Start \_\_\_\_\_ Finished \_\_\_\_\_

12. 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)	_____	13. Maximum production capacity/hr. _____ _____ _____ _____ _____ _____ _____ _____ _____
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<input type="checkbox"/> Ostrich	_____																						
<input type="checkbox"/> Others (Please specify)	_____																						

14. Prepared (with fabrication)

Kind of Meat	Product	Average daily production Volume	Brand name
<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"/> others _____	_____	_____	_____
<input type="checkbox"/> Crocodile meat	_____	_____	_____
<input type="checkbox"/> Chicken	_____	_____	_____
<input type="checkbox"/> Culled	_____	_____	_____
<input type="checkbox"/> Duck meat	_____	_____	_____
<input type="checkbox"/> Ostrich meat	_____	_____	_____
<input type="checkbox"/> Others (Please specify)	_____	_____	_____

15. Destination/Distribution (Please indicate on the blank space provided)

Wet Markets \_\_\_\_\_  
 Hotels/ Restaurants/Institutional Client \_\_\_\_\_  
 Cold Storage \_\_\_\_\_  
 Meat Shops \_\_\_\_\_  
 Supermarkets \_\_\_\_\_  
 Depot Centers \_\_\_\_\_  
 Meat Cutting Plant \_\_\_\_\_

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

17. Contract/Toll Processor

Company Name : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Email address : \_\_\_\_\_ Telephone/fax no. : \_\_\_\_\_

18. Product Information and Labeling Requirements

Are labeling/packaging materials provided to contract processor?  yes  no  
 Does the label indicate the contract toll processor?  yes  no  
 If yes, please indicate the NMIS LTO No. \_\_\_\_\_ (including leg band etc)

19. Payment

<input type="checkbox"/> HACCP Certificate	<input type="checkbox"/> LTO Certificate
O.R No.: _____	O.R No.: _____
Date issued: _____	Date issued: _____
Amount: _____	Amount: _____

Please check (√) appropriate box of your preferred option for receipt or delivery of LTO certificate

<input type="checkbox"/> Pick up	<input type="checkbox"/> Registered Mail	<input type="checkbox"/> Courier
____CO	May be receive after 7 days (minimum)	May be receive after 3 days (minimum)
____RTOC	upon mailing.	upon mailing.

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)

By signing below, I am authorizing the NMIS to collect, processed and stored our data in accordance with the requirement of Republic Act 10173 (Data Privacy Act of 2012). I am also giving them consent to post to their website the information of our company as specified herewith; Name, Address, Number and Expiration Date of the License to Operate (LTO).

Date Signed: \_\_\_\_\_

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

\_\_\_\_\_  
 Position/Designation

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

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

\_\_\_\_\_  
 (Signature over printed name)