



## APPLICATION FORM FOR MEAT CUTTING 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. Product Description <input type="checkbox"/> Newly Slaughtered <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen	3. Company Tax Identification Number (TIN) <hr/> 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/Services \_\_\_\_\_ 8.No. of days/month operational \_\_\_\_\_ 9. No. of shift/day \_\_\_\_\_ 10. No. of hours/shift \_\_\_\_\_

11. Time of Operation Start \_\_\_\_\_ Finished \_\_\_\_\_

12. Prepared (Meat Cutting Plant only))

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"/> Fabrication	_____	_____	_____
<input type="checkbox"/> Chevon	_____	_____	_____
<input type="checkbox"/> Crocodile meat	_____	_____	_____
<input type="checkbox"/> Chicken	_____	_____	_____
<input type="checkbox"/> Horse Meat	_____	_____	_____
<input type="checkbox"/> Culled	_____	_____	_____
<input type="checkbox"/> Duck meat	_____	_____	_____
<input type="checkbox"/> Ostrich meat	_____	_____	_____
<input type="checkbox"/> Others (Please specify)	_____	_____	_____

13. Source of Meat

Slaughterhouse/Poultry Dressing Plant \_\_\_\_\_

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

Meat Cutting Plants \_\_\_\_\_

14. Destination/Distribution

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

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

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

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

Supermarkets \_\_\_\_\_

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

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

16. Contract/Toll Processor  
 Company Name : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Email address : \_\_\_\_\_ Telephone/fax no. : \_\_\_\_\_

17. Present status of Labeling  
 Are labeling/packaging materials provided to contract processor?  yes  no  
 Does the label indicate the contract toll processor?  yes  no

18. Payment  
 HACCP Certificate O.R No.: \_\_\_\_\_ Date issued: \_\_\_\_\_ Amount: \_\_\_\_\_  
 LTO Certificate O.R No.: \_\_\_\_\_ Date issued: \_\_\_\_\_ Amount: \_\_\_\_\_

Please check (√) appropriate box of your preferred option for receipt or delivery of LTO certificate  
 Pick up \_\_\_\_\_CO \_\_\_\_\_RTOC  
 Registered Mail May be receive after 7 days (minimum) upon mailing.  
 Courier May be receive after 3 days (minimum) 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)