



APPLICATION FORM FOR COLD STORAGE WAREHOUSE 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 Cold Storage Warehouse <input type="checkbox"/> Private/In-house facility <input type="checkbox"/> Public/Commercial facility	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 _____
 (e.g. Storage of Frozen Meat) 11.Time of Operation Start _____ Finished _____

12. Product Stored (at the time of application)

	Local	Volume (MT)	Imported	(Volume (MT))
Meat and Meat Products	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fruits/Vegetables and products	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Eggs/Milk and products	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fish and Fish Products	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

	Local	Volume (MT)	Imported	(Volume (MT))
<input type="checkbox"/> Pork	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Beef	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Carabeef	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Chevon	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Crocodile meat	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Horse meat	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Chicken	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Culls	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Duck meat	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Ostrich meat	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Others (Please specify)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

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	_____	_____	_____
Contact Plate Freezer	_____	_____	_____
Holding Freezer	_____	_____	_____
Dry Warehouse	_____	_____	_____

15. Percentage Capacity	Local	%	Imported	%
Meat and Meat Products	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fruits/Vegetables and products	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Eggs/Milk and products	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fish and Fish Products	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

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

17. Payment

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

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: _____

NMIS Authorized Representative
(Signature over printed name)