



APPLICATION FORM FOR MEAT DISTRIBUTION CENTER 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 Meat Distribution Center <input type="checkbox"/> Private facility <input type="checkbox"/> Public 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 _____ 8.No. of days/month operational _____ 9. No. of shift/day _____ 10. No. of hours/shift _____
 (e.g. Storage of Imported Frozen Meat)

11. Product Stored (at the time of application)

	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"/> Culled	<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)		_____		_____

12. Destination/Distribution

Wet Markets _____

Hotels/ Restaurants/Institutional Client _____

Cold Storage _____

Meat Shops _____

Supermarkets _____

Depot Centers _____



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13. Storage Capacity	Area (cubic meters)	No. of Units	Capacity (MT)
Chiller	_____	_____	_____
Blast Chiller	_____	_____	_____
Contact Plate Freezer	_____	_____	_____
Holding Freezer	_____	_____	_____
Dry Warehouse	_____	_____	_____

14. Present status of Labeling

Are labeling/packaging materials provided to contract processor? yes no

Does the label indicate the contract toll processor? yes no

15. Payment

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