

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.  
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 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.

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\_\_\_\_\_  
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)