REGISTRATION FORM FOR "A" SLAUGHTERHOUSE (SH) and POULTRY DRESSING PLANT (PDP) NMIS LICENSE TO OPERATE (LTO)

NMIS-ARD-F-15
Version No.: 01
Eff. Date: 02-Jan-24

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	2. Type of Plant	3. Company/ LGU Tax Identification Number *(TIN)*:
☐ New ☐ Renewal ☐ Upgrading	☐ Abattoir/ Slaughterhouse ☐ Private facility ☐ Slaughterhouse with Meat fabrication ☐ Public facility ☐ Poultry Dressing Plant ☐ Dressing with further processing	4. NMIS LTO No.:

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, Carabao and Poultry) 11. Time of Operation: Start _____ Finished _____

12. Number of Animal slaughtered/ dressed (head/ day) 13. Maximum production capacity/ hr.

Species of Animal	*Average daily slaughtered*	
☐ Swine		
☐ Cattle		
☐ Carabao		
☐ Goat/ Sheep		
☐ Crocodile		
☐ Horse		
☐ Poultry		
☐ Peking duck		
☐ Ostrich		
☐ Others (Please specify)		

14. 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 _____

Others (Please specify) _____

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 requirements of Republic Act 10173 (Data Privacy Act of 2012). I am also giving them consent to post on 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)

"Safe Meat For All"
NMIS is ISO 9001:2015 Certified