



Republic of the Philippines  
Department of Agriculture  
**BUREAU OF AGRICULTURE AND FISHERIES STANDARDS**  
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Form No.  
OARS-01-EUP

Application Tracking No.  
**(for OARS use only)**

**ORGANIC AGRICULTURE REGISTRATION SECTION**  
**APPLICATION FOR EXPERIMENTAL USE PERMIT (EUP)**

**INSTRUCTION:** Print legibly and mark appropriate boxes ☐ with **X**. Submit Duly Accomplished and Notarized EUP Application Form No. OARS-01-EUP. All marked with **asterisk (\*)** must be filled up. BAFS shall issue a Notice To Proceed (NTP) in conducting efficacy trial and without NTP, the efficacy result will be invalid. One (1) EUP Application Form per organic product per trial is required.

<b>Product Classification</b>	<input type="checkbox"/> Organic Soil Amendment, please specify: _____	<b>Purpose</b> <input type="checkbox"/> 1st Trial <input type="checkbox"/> 2nd Trial <input type="checkbox"/> Label Expansion
	<input type="checkbox"/> Organic Biocontrol Agent (BCA), please specify: _____	
	<input type="checkbox"/> Others, please specify: _____	

**I. APPLICANT INFORMATION**

1.1 \*Business/Company Name

\*Business/Company Address

Unit/Block/No.	Street	Subdivision/Village	Barangay
Municipality/City	Province	Country	Zip Code

1.2 \*Name of Contact Person

Surname	First Name	Extension Name (Jr/Sr/III)	Middle Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	*Position	*Contact Number(s)	*Email Address(es)

**II. \*ORGANIC PRODUCT TRADE/BRAND NAME**      **III. \*GUARANTEED ANALYSIS**

**IV. \*NAME OF ACTIVE INGREDIENT AND PERCENT PURITY (For BCA)**

**V. \*NAME OF MANUFACTURER OF A.I. (For BCA)**      **\*ADDRESS**

**VI. \*TEST CROP AND/OR TARGET PEST**      **VII. \*TOTAL AREA COVERED**      **VIII. \*DURATION OF TRIAL**

**IX. \*TREATMENT AND METHOD OF APPLICATION**

**X. \*TOTAL AMOUNT OF PRODUCT NEEDED FOR THE TRIAL**

**XI. \*LOCATION OF EXPERIMENTAL SITE (please provide Location Map)**

**XII. \*NAME OF DA-BAFS OFFICIALLY ACCREDITED ORGANIC AGRICULTURE RESEARCHER (OAR)**

Surname	First Name	Extension Name (Jr/Sr/III)	Middle Name
*Official Accreditation Number	*Contact Number(s)	*Email Address(es)	

\*Address

Applicant's Authorized Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

REPUBLIC OF THE PHILIPPINES)  
PROVINCE OF \_\_\_\_\_)  
MUN./CITY OF \_\_\_\_\_)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_.  
Affiant exhibited to me his/her Residence Certificate No. \_\_\_\_\_  
issued on \_\_\_\_\_, 20 \_\_\_\_\_ at \_\_\_\_\_, Philippines.

Doc No.: \_\_\_\_\_  
Page No.: \_\_\_\_\_  
Book No.: \_\_\_\_\_  
Series of \_\_\_\_\_

NOTARY PUBLIC  
Until December 31, 20 \_\_\_\_\_