Republic of the Philippines

Department of Agriculture

**BUREAU OF AGRICULTURAL AND FISHERIES ENGINEERING (BAFE)**

Sugar Center, Annex II Building Extension, North Avenue, Diliman, Quezon City

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**APPLICATION AND AUTHORITY TO USE FORM FOR THE ISSUANCE OF CERTIFICATE OF CONFORMITY**

**FOR AGRICULTURAL AND FISHERIES MACHINERY**

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| **APPLICATION N DETAILS**  *(to be filled out by the processing office)*  |
| **CC Application No** |  | **DATE OF APPLICATION (mm/dd/yyyy)** | **\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_** |
| **TYPE OF APPLICATION** | **Modified** **Renewal****New** |
| 1. **BUSINESS PROFILE**
 |
| **BUSINESS NAME/PRIMARY HOLDER NAME** |
| **BUSINESS/ PRIMARY HOLDER ADDRESS** *(NO. & STREET, BARANGAY, TOWN/CITY, PROVINCE)* |
| **TELEPHONE NO.**  | **FAX. NO** | **EMAIL ADDRESS** |
| **TYPE OF BUSINESS** *(Manufacturer / Fabricator / Assembler / Importer)* | **BUSINESS ORGANIZATION** *(Sole Proprietorship / Partnership / Corporation)* |
| **APPLICANT PROFILE** |
| **NAME** *(Owner/Authorized Representative)* | **EMAIL ADDRESS** |
| **TELEPHONE NO.**  | **FAX NO.** | **CELLPHONE NO.** |
| 1. **GENERAL INFORMATION OF THE MACHINE TO BE CERTIFIED**
 |
| **MACHINE NAME** | **MANUFACTURED DATE** |
| **BRAND** | **MODEL** |
| **POWER RATING** | **RPM** |
| **CLASSIFICATION/DESCRIPTION OF THE MACHINE** |
| **MANUFACTURING ADDRESS** *(NO. & STREET, BARANGAY, TOWN/CITY, PROVINCE)* |
| **III.A INFORMATION OF THE PRIME MOVER** |
| **BRAND** | **MODEL** | **SERIAL NO.** |
| **MAKE** | **TYPE** |  |
| **MANUFACTURER NAME** |
| **MANUFACTURER ADDRESS** *(NO. & STREET, BARANGAY, TOWN/CITY, PROVINCE)* |
| 1. **TEST REPORT INFORMATION**
 |
| **TESTING CENTER** |
|  **TESTING SITE:** *(NO. & STREET, BARANGAY, TOWN/CITY, PROVINCE)* |
| **TEST REPORT NO:**   | **DATE OF TESTING (MM/DD/YYYY):** | **VALIDITY OF TEST REPORT (MM/DD/YYYY):** |
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| 1. **LIST, QUANTITY AND PHOTOS OF TOOLS PROVIDED TO THE CLIENTS**
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|  | **TOOLS** | **QUANTITY** |  |  |  |
| **1** |  |  | **11** |  |  |
| **2** |  |  | **12** |  |  |
| **3** |  |  | **13** |  |  |
| **4** |  |  | **14** |  |  |
| **5** |  |  | **15** |  |  |
| **6** |  |  | **16** |  |  |
| **7** |  |  | **17** |  |  |
| **8** |  |  | **18** |  |  |
| **9** |  |  | **19** |  |  |
| **10** |  |  | **20** |  |  |
| **\*\*Please use separate sheet if necessary** |

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| 1. **PHOTOS OF THE MACHINE**
 |
| **Please submit at least the following photos for evaluation of the application:** |
| * **Photo of the Machine** (This photo will be used in Certificate of Conformity if the machine is compliant)
 |
| * **Photos of the Machine showing the following:**
 |
| * + **Nameplate /Identification Plate**
 |
| * + **Markings and Labeling**
 |
| * + **Warning and Safety Signs**
 |
| 1. **AUTHORITY TO USE THE CERTIFICATE OF CONFORMITY FOR AGRICULTURAL AND FISHERIES MACHINERY**
 |
| **NAME OF AUTHORIZED DEALERS AND DISTRIBUTORS** | **ADDRESS** *(NO. & STREET, BARANGAY, TOWN/CITY, PROVINCE)* | **TELEPHONE NO. AND EMAIL ADDRESS** |
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**\*Please use separate sheet if necessary** |
|   I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certify that**I am the Manufacturer/Fabricator/Assembler/Importer (MFAI)****I am the agent authorized to act on behalf of the MFAI**and that the information on this form is full and complete and is to the best of my knowledge, a true statement of facts relating to this application.  I am signifying my unequivocal consent to the disclosure, collection and use of the information and data generated by BAFE in their other policies and regulations.  I understand the following terms and conditions of the authorization:* The authorization has the same validity with the CC. That in the event of suspension, revocation and cancellation of CC, it will make the Authority to Use the CC expire and will require a new Authority to Use the CC.
* I have the right to revoke or cancel this authorization at any time. Any revocation or cancellation will require a new submission of Authority to Use the CC.
* The recipient(s) listed in this form will be my holder(s) and I am liable for the holder who sells machinery which does not conform with the PNS/PAES as proven during the conduct of surveillance assessment or have committed any misconduct as stated in the provisions of DC 19, Series of 2018.

 I am willing to be contacted regarding the application through the declared contact details in this form. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OVER PRINTED NAME OF APPLICANT |

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| --- | --- |
| PROCESSED BY | REVIEWED BY |
| DATE PROCESSED | \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_(mm/dd/yyyy) | DATE REVIEWED | \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_(mm/dd/yyyy) |