

Document No.: BPI-QMS-PPSSD-F37

Effectivity Date: January 15, 2024

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APPLICAN	T'S INFORMATION	
1. Name of Applicant		
2 2 11 11 11		
2. Residential Address		
		2 x 2
		Picture
3. Birthday	4. Age	
5. Nationality:	6. Gender	
or nationality.	☐ Male	
	☐ Female	
7 ACCULANT	_	
7. Active Cellphone Number	8. Telephone Number	
9. Email Address		
10. Educational Attainment		
11. Name and Date of Training for FSCO Attended / C	anducted by	
11. Name and Date of Framing for FSCO Attended / C	onducted by:	
42		
12. Other Plant Food Safety Training Attended/ Cond	lucted by:	
13. Current Position in the Company		
14. FSCO Designated in the company as:		
☐ Part-time		
☐ Full time		
run ume		
15. Years of Experience in Food Business		
•		
	SINFORMATION	
16. Food Business Operator (FBO)/Company Name		
17. Current Business Address		
18. Telephone Number	19. Fax Number	



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20. Email Address:	
21. Business Description	
, , , , , , , , , , , , , , , , , , ,	
I hereby certify under oath that all information	and attached documents regarding this application is true
	erials or misrepresentations of facts in this application shall
be the basis for denial/cancellation.	in the control of the
se the substituting tuneenution.	
Done this,,,	
Designated FSCO	CEO/President/Manager
(Signature above printed name)	(Signature above printed name)



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### **ACKNOWLEDGEMENT**

REPUBLIC OF THE PHILIPPINES	S.S. S.S.		
BEFORE ME, a Notary Pul	olic for and in the	e above jurisdiction, th	is day of
	20 Mr./N	_, personally Ms.	appeared
(Name of Company Representative)	of		,
(Name of Company Representative)		(Name of Compa	ny) \
Affiant exhibiting to me his/her	(Type of Identif	ication i.e. Passport, D	bearing briver's License, SSS)
No	_ issued on		, 20 and expiring on
, 20			
		N	OTARY PUBLIC
Doc. No Page No Book No Series of			
AUTHORIZED REPRESENTAT	TIVES	CONTA	CT NUMBERS
Please indicate your preference i			ion:
[ ] Pick-up	n claiming the C		1011:



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### To be filled up by the concerned Food Safety Regulatory Agency (FSRA):

(Signature over Printed Name and Position)		(Agency)	
(Date)			
syment of Fees:			
Particulars	OR No.	Date	Amount
	OR No.	Date	Amount

#### INSTRUCTIONS IN THE ACCOMPLISHMENT OF APPLICATION FORM

- 1. Properly fill in all blanks with accurate information. Application forms with incomplete information shall **not** be accepted by the Food Safety Regulatory Agency concerned.
- 2. Documentary requirements specified below should be attached with the Application form. Likewise, Applications with incomplete documentary requirements shall **not** be accepted and immediately return to the applicant for compliance.

## **DOCUMENTARY REQUIREMENTS:**

- 1. Duly accomplished Application Form signed by the designated FSCO and CEO/ President/Manager, with attached 2x2 colored picture in white background of the FSCO.
- 2. Any government issued identification card of Designated FSCO and CEO/President/Manager
- 3. Official designation from the FBO management "incorporating his/her duties and responsibilities as company's designated Food Safety Compliance Officer.

  If company owner, Letter of Intent for Owner applying for FSCO "incorporating his/her duties and responsibilities as company's designated Food Safety Compliance Officer" address to the BPI Director
- 4. Certificate of Employment or Consultancy signed by the Human Resources Officer or FBO management. The Certificate of Employment or Consultancy should state the following:
  - Educational qualification
  - Current position in the company
  - Years of stay in the company
- 5. Photocopy of any **Certificate of Completion from the Training Course for Food Safety Compliance Officer conducted by the BPI or its officially accredited training service provider.** The original copy shall be presented during submission of application for authentication.
- 6. Proof of Educational Attainment (Diploma), if any.