



Date of Inspection \_\_\_\_\_

## INSPECTION AND EVALUATION FOR LAND TRANSPORT CARRIER

### APPLICATION AND INSPECTION FORM FOR BIRDS [POULTRY, DUCKS AND PIGEON]

#### I. GENERAL INFORMATION

1. Name of Owner:  
[Individual Operators] \_\_\_\_\_  
Family Name First Name MI
2. Address: \_\_\_\_\_
3. Business Organization:  Single Proprietorship  Corporation  Cooperative  Association  Club
4. Type of Applicant:  Owner  Company Representative  Driver  Others: \_\_\_\_\_
5. Business Name: \_\_\_\_\_
6. Name of COMPANY: \_\_\_\_\_
7. Company Address: \_\_\_\_\_
8. Company Representative: \_\_\_\_\_  
Family Name First Name MI
9. Contact No./cell phone: \_\_\_\_\_ Email Ad: \_\_\_\_\_
10. TIN of the Applicant/Representative: \_\_\_\_\_ 10. Co. TIN: \_\_\_\_\_
11. Type of Business:  Private Owned  Hauling Services  Company/Coop/Asso/Club Owned  Others: \_\_\_\_\_

#### II. LAND CARRIERS INFORMATION

12. Type of Application:  Renewal  New applicant No. of carriers for accreditation: \_\_\_\_\_
13. Type of poultry/birds:  Broiler  Ducks  Pigeons  Others: \_\_\_\_\_
14. Type of Vehicle:  Truck  PUJ  Multi Cab  Rebuilt [AUV]  Pick-Up  Fiera/XLT  Others: \_\_\_\_\_
- Body Type:  Wire mesh/crates  Build-in cages  Non-permanent [movable cages]  Others: \_\_\_\_\_

Accreditation No. [if renewal]	Make/Series	Plate/Temp. Plate No./Conduction	Body Type	No. of Wheels	Length [inches]	Width [inches]	Height [inches]	RECOMMENDED FL./SIZE	
								Inches	Meters
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

#### 15. Stocking Density:

##### 15.1. Wire mesh/with cages or chicken coop

No. of cages in Length [inches]	No. of cages in Width [inches]	No. of cages in Height [inches]	RECOMMENDED No. of heads /cages
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

##### 15.2. Build-in and movable cages

No. of deck in length/inches	No. of division in width/inches	RECOMMENDED No. of heads/ birds /division

#### REQUIREMENTS:

- Notarized Application [complete information]
- Latest ID picture [1"x1"]
- Mayor's or Business Permit for Single Proprietorship
- DTI for corporation, cooperative and others
- Photo copy of OR and CR of the carrier
- Picture of the carrier-front & side view [whole body]
- Inspection Report
- Attend seminar

Registration No. : \_\_\_\_\_  
[if renewal]

Type of Application:  Renewal  New Applicant

Official Receipt No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

III. VOLUME PER TRIP: [heads] Per deck: \_\_\_\_\_ Per division: \_\_\_\_\_

IV. ORIGIN & DESTINATION

16.	Origin	Destination	Travel Time
_____	_____	_____	_____

IV. HANDLING PROCEDURE AND BIO-SECURITY

17. Type of farms:  Backyard  Semi-commercial  Commercial  Contract Growers Others: \_\_\_\_\_

18. Loading and unloading procedure at the origin and destination: \_\_\_\_\_

19. Flooring type: [carrier] \_\_\_\_\_

20. Weight segregation implemented:  Yes  No  
Average weight: \_\_\_\_\_ With cages/wt. [range]: \_\_\_\_\_ For Build-in/movable cages/wt. [range]: \_\_\_\_\_

21. Mortality rate per trip: per cage/hd: \_\_\_\_\_ per division/hd: \_\_\_\_\_ Total per trip: \_\_\_\_\_

22. If there are dead birds, what ACTION are taken!  
Type of disposal: \_\_\_\_\_

23. Clean/disinfect the carrier after using or before going back to origin:  Yes  No  
Type of disinfectant use: \_\_\_\_\_

24. Do you haul from one farm to another farm!:  Yes  No No of growers/farm per hauling: \_\_\_\_\_

25. How do you protect the lower level from dung/droppings: \_\_\_\_\_

REMARKS AND SUGGESTIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For and consideration of this registration applied for, I shall follow the RULES and REGULATIONS prescribed in the Administrative Order No. 08, Republic Act No. 8485 otherwise known as the "Animal Welfare" and other existing rules and regulations pertaining to the movement of animals, livestock and by-products.

\_\_\_\_\_  
Name of the Owner/Operator & Signature Name of the Authorized Representative & Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. The affiant exhibited to me his/her Community Certificate Tax No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.

_____ Notary Public	Doc No.: _____ Page No.: _____ Book No.: _____ Series No.: _____	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>Documentary stamp</p> </div>
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Recommending for Approval:

\_\_\_\_\_  
Inspected by  
\_\_\_\_\_  
Position/Office/Division

For more information:

**ANIMAL HEALTH AND WELFARE DIVISION**  
**BUREAU OF ANIMAL INDUSTRY**  
 Visayas Avenue, Diliman, Quezon City  
 ☎ [Land line]: 9282836/9200421  
 Email ad:  
**DEPARMENT OF AGRICULTURE**  
 Regional Field Offices  
 Regulatory Division  
*or*  
**PROVINCIAL VETERINARY OFFICES**

REGISTRATION FEE:	
Trailer and Tricycle	P300.00
4 wheels and above, multi cab, pick-up, rebuilt carriers [puj, xlt, fier, puj truck type, owner, and others]	P500.00