



Date of Application \_\_\_\_\_

# APPLICATION FORM FOR LICENSE TO OPERATE LAND TRANSPORT CARRIER

## FOR LARGE, SMALL ANIMAL, AND BY-PRODUCTS

### I. GENERAL INFORMATION

1. Name of APPLICANT/OPERATOR/OWNER:

\_\_\_\_\_ Family Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

2. Business

Address: \_\_\_\_\_

Barangay \_\_\_\_\_ City/Municipality \_\_\_\_\_ Province \_\_\_\_\_ Region \_\_\_\_\_

3. Business Organization:  Single Proprietorship  Corporation  Cooperative  Association  Club  Government

4. Type of Applicant:  Owner  Company Representative  Driver  Others: \_\_\_\_\_

5. Business Name: \_\_\_\_\_

6. Company

Representative: \_\_\_\_\_ Family Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

7. Contact No./cell phone]: \_\_\_\_\_ Email Add: \_\_\_\_\_

8. TIN of the Applicant/Representative: \_\_\_\_\_ 9. Company TIN: \_\_\_\_\_

10. Type of Services:  Private Owned  Hauling Services  Company/Coop/Assn/Club owned  Others: \_\_\_\_\_

### II. LAND CARRIERS INFORMATION

11. Type of Application:  Renewal  New Applicant No. of carriers for accreditation: \_\_\_\_\_

12. Species: \_\_\_\_\_ Type: \_\_\_\_\_

13. By-Products: \_\_\_\_\_

14. Type of Vehicle: \_\_\_\_\_

15. Accreditation No.	Make/Series	Plate/Tem. Plate No.	Body Type	No. of Wheels
<small>[if renewal]</small>				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

#### REQUIREMENTS:

- Application form [complete information]
- 1 pc latest I.D. picture [1"x1"]
- Photocopy of valid Mayor's or Business Permit
- DTI Certificate for Single Proprietor
  - for Representative – authorized representative to transact Notarized SPA should be presented or a Notarized Authorization Letter.
- Corporation, Cooperative, Partnership and Association- present complete Articles of Incorporation.
  - for Representative - authorized representative to transact present Certification of Authority on behalf of the applicant/ Notarized Secretary Certificate.
  - for Representative of the company- present Certificate from the Board of Directors who are persons with authority to bind the corporation, cooperative, partnership and association.
- Photocopy of CR and updated OR of the carrier.
- Picture of the carrier-front, back & side view (whole body)
- Certificate of Attendance (Animal Welfare Act Seminar/Webinar)

**\*Note**

- If purchased, need the Notarized Deed of Sale from the name of the 1st owner up to the last person who purchased the carrier.
- If the name appeared on the OR/CR was deceased, need the PSA Death Certificate
- If the applicant is not the owner of the carrier, need the Notarized Authorization letter to use the carrier/Rental Agreement/ signed by the owner and photocopy of valid I.D with three signature both the applicant and the owner.
- Inspection Process of the Carrier through virtual or actual.

**\*Note (needed for representative only)**

- Attached Photocopy of Government I.D./Company I.D. with three signature both the representative and the owner

**III. ORIGIN & DESTINATION**

Origin	Destination	Travel Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. VOLUME PER TRIP: [heads]**    Lower deck: \_\_\_\_\_    2<sup>nd</sup> Deck \_\_\_\_\_    3<sup>rd</sup> Deck \_\_\_\_\_

For and consideration of this registration applied for, I shall follow the RULES and REGULATIONS prescribed in the DA Administrative Order No. 08, S. 2004, R.A. 8485/ R.A. 10631, or the "Animal Welfare Act of 1998," R.A. 10611, or the "Food Safety Act of 2013," and other existing rules and regulations pertaining to the movement, handling and transport of animals, livestock, poultry, and their by-products.

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

\_\_\_\_\_  
Name of the Authorized Representative & Signature

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

Type of Application: \_\_\_\_\_

Renewal  
 New Applicant

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

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

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

Review/Inspected by:

Recommending for Approval:

\_\_\_\_\_  
Inspected by

\_\_\_\_\_  
Position/Office/Division/Date

For more information:

**ANIMAL HEALTH AND WELFARE DIVISION**  
**BUREAU OF ANIMAL INDUSTRY**  
5 Visayas Avenue, Quezon City  
☎ [Hot line]: 0962-071-4696  
☎ [Land line]: 98528-22-40/8528-22-25 local 1501-1506  
Email add:  
ahwd@bai.gov.ph/ahwd.handlers.transport@gmail.com

**DEPARTMENT 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