



APPLICATION FORM FOR SLAUGHTERHOUSE
POULTRY DRESSING PLANT NMIS LICENSE TO OPERATE (LTO)

- INSTRUCTIONS:**
- 1. Only authorized company representative is allowed to fill-up the application form. Photocopy of the valid ID of the applicant must be attached to this form.
 - 2. The information provided in the application form **MUST** be complete, true and correct.
 - 3. Tick (✓) mark the box that corresponds to the info. Please do not leave any spaces blank, indicate N/A if not applicable. Providing false information statements is punishable by law (RA10536).

1. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Upgrading	2. Type of Plant <input type="checkbox"/> Abattoir/Slaughterhouse <input type="checkbox"/> Slaughterhouse with Meat fabrication <input type="checkbox"/> Poultry Dressing Plant <input type="checkbox"/> Dressing with further processing <input type="checkbox"/> Private facility <input type="checkbox"/> Public facility <input type="checkbox"/> Line 1 <input type="checkbox"/> Line 2	3. Company Tax Identification Number (TIN)
		4. NMIS LTO No.

5. Complete Company Name : _____

Meat Establishment Address: _____

Telephone no. : _____ Fax no. (including area code) : _____

6. Name of Applicant (Official Company Representative): _____ Designation: _____

Address : _____

Email Address : _____ Telephone/Fax no. : _____

7. Scope of Activity _____ 8.No. of days/month operational _____ 9. No. of shift/day _____ 10. No. of hours/shift _____
(e.g. Slaughtering of Hogs, Cattle and Carabao) 11. Time of Operation: Start _____ Finished _____

12. Number of Animal slaughtered/dressed (heads/day)		13. Maximum production capacity/hr.
Species of animal	Average daily slaughtered	
<input type="checkbox"/> Swine	_____	_____
<input type="checkbox"/> Cattle	_____	_____
<input type="checkbox"/> Carabao	_____	_____
<input type="checkbox"/> Goat/Sheep	_____	_____
<input type="checkbox"/> Crocodile	_____	_____
<input type="checkbox"/> Horse	_____	_____
<input type="checkbox"/> Poultry	_____	_____
<input type="checkbox"/> Peking duck	_____	_____
<input type="checkbox"/> Ostrich	_____	_____
<input type="checkbox"/> Others (Please specify)	_____	_____

14. Prepared (with fabrication)

Kind of Meat	Average daily production		
	Product	Volume	Brand name
<input type="checkbox"/> Pork <input type="checkbox"/> Cutting	_____	_____	_____
<input type="checkbox"/> Beef <input type="checkbox"/> Deboning	_____	_____	_____
<input type="checkbox"/> Carabeef <input type="checkbox"/> Mechanical boning/MSM	_____	_____	_____
<input type="checkbox"/> Chevron <input type="checkbox"/> others _____	_____	_____	_____
<input type="checkbox"/> Crocodile meat	_____	_____	_____
<input type="checkbox"/> Chicken	_____	_____	_____
<input type="checkbox"/> Culled	_____	_____	_____
<input type="checkbox"/> Duck meat	_____	_____	_____
<input type="checkbox"/> Ostrich meat	_____	_____	_____
<input type="checkbox"/> Others (Please specify)	_____	_____	_____

15. Destination/Distribution (Please indicate on the blank space provided)

Wet Markets

Hotels/ Restaurants/Institutional Client

Cold Storage

Meat Shops

Supermarkets

Depot Centers

Meat Cutting Plant

16. Storage Capacity	Area (cubic meters)	No. of Units	Capacity (MT)
Chiller			
Blast Chiller			
Holding Freezer			
Other Cold Storage Use			

17. Contract/Toll Processor

Company Name :

Address :

Email address :Telephone/fax no. :

18. Product Information and Labeling Requirements

Are labeling/packaging materials provided to contract processor?

☐ yes☐ no

Does the label indicate the contract toll processor?

☐ yes☐ no

If yes, please indicate the NMIS LTO No. (including leg band etc)

19. Payment

☐ HACCP Certificate

☐ LTO Certificate

O.R No.:

O.R No.:

Date issued:

Date issued:

Amount:

Amount:

Please check (√) appropriate box of your preferred option for receipt or delivery of LTO certificate

☐ Pick up

☐ Registered Mail

☐ Courier

CO

May be receive after 7 days (minimum)

May be receive after 3 days (minimum)

RTOC

upon mailing.

upon mailing.

I hereby certify that the above statements are true and correct to the best of my knowledge and documentary requirements submitted are complete and updated. (Please attached photocopy (back-to-back) valid Company I.D)

By signing below, I am authorizing the NMIS to collect, processed and stored our data in accordance with the requirement of Republic Act 10173 (Data Privacy Act of 2012). I am also giving them consent to post to their website the information of our company as specified herewith; Name, Address, Number and Expiration Date of the License to Operate (LTO).

Date Signed:

Name and Signature of applicant

Position/Designation

(This portion is to be filled-out by NMIS Authorized Representative)

Date of Application:

(Signature over printed name)