



Republic of the Philippines  
Department of Agriculture  
**BUREAU OF AGRICULTURAL AND FISHERIES ENGINEERING**  
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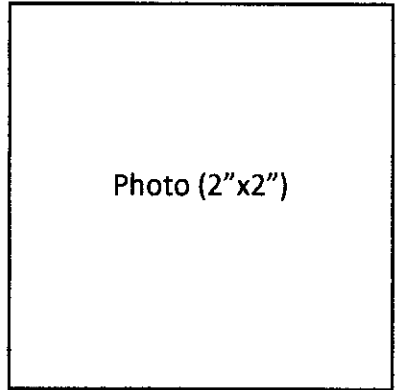
**APPLICATION FORM FOR THE ISSUANCE OF CERTIFICATE OF CONFORMITY  
FOR AGRICULTURAL AND FISHERIES MACHINERY**

APPLICATION NO. <i>to be filled out by the processing officer</i>		CC [ ] [ ] - [ ] [ ] [ ] [ ]	DATE OF APPLICATION	___ / ___ / 20 ___
CONTROL NO. [ ] [ ] [ ] [ ]		[ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]		
TYPE OF APPLICATION		<input type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>Renewal</b>	<input type="checkbox"/> <b>Modified</b>
<b>I. BUSINESS PROFILE</b>				
BUSINESS NAME				
BUSINESS 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)	
<b>APPLICANT PROFILE</b>				
NAME (Owner/Authorized Representative)			EMAIL ADDRESS	
TELEPHONE NO.		FAX. NO.	CELLPHONE NO.	
<b>II. GENERAL INFORMATION OF THE MACHINE TO BE CERTIFIED</b>				
MACHINE NAME			MANUFACTURED DATE	
BRAND			MODEL	
POWER RATING			RPM	
CLASSIFICATION/DESCRIPTION OF THE MACHINE				
MANUFACTURING ADDRESS (NO. & STREET, BARANGAY, TOWN/CITY, PROVINCE)				
<b>III.A INFORMATION OF THE PRIME MOVER</b>				
BRAND		MODEL	SERIAL NO.	
MAKE		TYPE		
MANUFACTURER NAME				
MANUFACTURER ADDRESS (NO. & STREET, BARANGAY, TOWN/CITY, PROVINCE)				
<b>III. TEST REPORT INFORMATION</b>				
TESTING CENTER				
ADDRESS (NO. & STREET, BARANGAY, TOWN/CITY, PROVINCE)				
TEST ENGINEER(S)				
DATE OF TESTING			VALIDITY OF TEST REPORT	

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.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF APPLICANT

PROCESSED BY		REVIEWED BY		APPROVED BY	
DATE PROCESSED	___/___/20___	DATE REVIEWED	___/___/20___	DATE APPROVED	___/___/20___