

APPLICATION FOR ACCREDITATION OF PLANT NURSERY

Private- Natural Person	Private – Juridical Person Government
Application type: New	Renewal
Date of Application:	
Name of Applicant:	Sex:
Address / Region:	
Contact No./E-mail Address:	
Name of Nursery:	
Date Established:	
Site/Address of Nursery:	
Area of Nursery (sq.m.):	
Status of Land Ownership: Owned	Leased (Until:)
Crop/s Applied for Accreditation:	
CROP/S	VARIETY/IES
	ereby certify that I will abide and comply with the ursery accreditation as indicated in the existing
APPROVED/DISAPPROVED:	Name and Signature of Applicant
Chief, NSQCS Region/Satellite Date:	

Note: The three copies of the filled-out application form will go to the following:

- NSQCS Central Office
 Originating NSQCS Regional/Satellite Office
 Regional Field Office, DA