

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman, Quezon City**

CERTIFICATION OF PARENT/MOTHER TREES FOR FRUIT AND PLANTATION CROPS

APPLICATION FORM

Date of Application: _____

Nursery Name: _____

Name of Applicant/Representative: _____

Private Individual Private Group
(Cooperative, Association, Corporation) Government Institution

Address of Applicant: _____

Nursery Address: _____

Contact No.: _____

E-mail: _____

Location of Parent/Mother Trees: _____

Parent/ Mother Trees Applied for Certification:

Crop	Registered Variety Name	Number of Trees	Age of the Trees	Source of Planting Materials

***Kindly use additional sheet if necessary**

TERMS AND CONDITIONS

1. Upon submission of my application, I shall extend my full cooperation with the NSQCS and the Plant Material Inspector (PMI) for the requirements of certifying mother trees, during the conduct of inspection and tagging of mother trees and monitoring thereafter.
2. My application for the certification of mother trees will not be accepted if not all requirements are met based on the evaluation of the NSQCS and PMI.
3. I will assist the NSQCS and PMI during the tagging of the candidate mother trees
4. I will not remove or transfer the attached tags from the certified tree to other mother trees regardless of the circumstances.
5. Upon certification of my mother trees, I shall inform and coordinate with the NSQCS or PMI when collecting propagative materials such as seeds for sexually propagated seedlings or scions for asexually propagated seedlings from the certified trees.
6. Once certified, I shall keep and maintain the trees to be healthy and free from pests and systemic diseases.
7. I shall notify and inform the NSQCS or PMI if any of my certified mother trees is not suitable to become source of scion.
8. Upon evaluation that my documents are complete and acceptable, I shall pay equivalent to 50% of the total cost of the tagging materials that will be used upon application.
9. I will abide by all the requirements stipulated in Department Circular No. 2, Series 2020.

Name & Signature of Applicant/Representative

Received by:

Chief, NSQCS Region ____/Satellite ____

Date: _____

Note: Copies of the filled out application form will go to the following:

- NSQCS Central Office
- Originating NSQCS Regional/Satellite Office
- Plant Material Inspector (PMI)
- Plant Nursery Operator (PNO)

Attachments:

- Four (4) copies of the filled-out application Form
- Accurate location map of candidate trees
- Verifiable proof of authenticity of the varietal identity

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman Quezon City**

APPLICATION FOR CERTIFICATION OF MOTHER TREES FOR FRUIT AND PLANTATION CROPS

DOCUMENT EVALUATION REPORT

Date of Evaluation: _____

Name of Applicant: _____

Address of Applicant: _____

Contact No.: _____

E-mail: _____

Parent Mother/Trees Applied for Certification:

Crop	Registered Variety Name	Number of Trees

Document Evaluation

Four (4) Copies of Filled-out application form Acceptable Not Acceptable

Proof of Varietal Identity (either of the ff)

- Purchase Receipt Acceptable Not Acceptable
- Certification from Source Acceptable Not Acceptable
- Certification from Expert Acceptable Not Acceptable
- DNA Analysis Acceptable Not Acceptable
- Result of re-evaluation Acceptable Not Acceptable

Location Map and layout of trees Acceptable Not Acceptable

Copy of Purchase receipt Acceptable Not Acceptable

Recommendation:

For Inspection For Disapproval Others (please specify): _____

Evaluated by:

Verified By:

PMI/NSQCS Staff

Date: _____

Chief, NSQCS Region ___ / Satellite

Date: _____

Noted by:

Section Chief, NSQCS-PMC

Date: _____

Note: Copies of the filled out evaluation report will go to the following:

- NSQCS Central Office
- Originating NSQCS Regional/Satellite Office
- Plant Material Inspector (PMI)

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman, Quezon City**

CERTIFICATION OF MOTHER TREES FOR FRUIT AND PLANTATION CROPS

INSPECTION REPORT

Date of Inspection: _____

Name of Applicant: _____

Address: _____

Contact No.: _____

E-mail: _____

Location of Parent/Mother Trees: _____

Parent Mother Trees Applied for Certification

Crop	Registered Variety Name	Number of Trees	Age of the Trees

General Condition of Trees and the vicinity

- Has accurate location map Acceptable Not Acceptable
- Trees are similar to species in morphology/appearance Acceptable Not Acceptable
- Trees are healthy and vigorous Acceptable Not Acceptable
- Trees are not seriously severely damaged by pests Acceptable Not Acceptable
- Trees have no systemic disease symptoms Acceptable Not Acceptable
- Area is clean and well maintained Acceptable Not Acceptable

Recommendation:

- For Tagging
 For Deferral
 Others (please specify): _____

Inspected by:

Noted by:

PMI/NSQCS Staff

Chief, NSQCS Region ___ / Satellite

Date: _____

Date: _____

Noted By:

Section Chief, NSQCS-PMC

Date: _____

*In case of non-compliance, re-inspection will be undertaken after the necessary corrective measures were done.

Note: Copies of the filled out inspection report will go to the following:

- NSQCS Central Office
- Originating NSQCS Regional/Satellite Office
- Plant Material Inspector (PMI)

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman, Quezon City**

**CERTIFICATION OF PARENT/ MOTHER TREES
FOR FRUIT AND PLANTATION CROPS**

MONITORING REPORT

Date of Monitoring: _____

Name of Applicant: _____

Address: _____

Contact No.: _____

E-mail: _____

Location of Parent/Mother Trees: _____

Parent/Mother Trees Applied for Certification:

Crop	Registered Variety Name	Number of Surviving Trees	Number of Dead Trees

General Condition of Surviving Trees

- trees are healthy/vigorous Acceptable Not Acceptable
- trees are free from pests Acceptable Not Acceptable
- trees have no disease symptoms Acceptable Not Acceptable
- tree location matches the location map Acceptable Not Acceptable

Remarks and Recommendation:

Inspected by:

PMI/NSQCS Staff

Date: _____

Noted by:

Chief, NSQCS _____/Satellite _____

Date: _____

Note: Copies of the filled out monitoring report will go to the following:

- NSQCS Central Office
- Originating NSQCS Regional/Satellite Office
- Plant Material Inspector (PMI)

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman, Quezon City**

**CERTIFICATION OF ASEXUALLY PROPAGATED SEEDLINGS
FOR FRUIT AND PLANTATION CROPS**

APPLICATION FORM

Date of Application: _____

Nursery Name: _____

Name of Applicant/Representative: _____

Private Individual

Private Group
(Cooperative, Association, Corporation)

Government Institution

Address of Applicant: _____

Contact No.: _____

E-mail: _____

Nursery Accreditation No.: _____

Location of the Nursery: _____

Asexually Propagated Seedlings Applied for Certification:

Crop	Registered Variety Name	Number of Seedlings	Method of Propagation

TERMS AND CONDITIONS

1. Upon submission of my application, I shall extend my full cooperation with the NSQCS and the Plant Material Inspector (PMI) for the requirements of certifying asexually propagated seedlings, during the conduct of inspections and tagging of asexually propagated seedlings.
2. My application for the certification of asexually propagated seedlings will not be accepted if not all requirements are met based on the evaluation of the NSQCS and PMI.
3. I will inform and coordinate with the NSQCS and PMI for the scheduling of the conduct of scion collection and seedling propagation.
4. I must only collect scions from healthy certified mother trees with the supervision of the NSQCS or PMI for the propagation of certified seedlings.
5. In case that the scions/budsticks/propagules were purchased, I will provide the PMI and/or PNE with the corresponding official receipt/s issued from the source and a copy of the plant nursery accreditation certificate.
6. Once certified, I shall keep and maintain the certified seedlings to be healthy and free from systemic diseases until such time that they are distributed or sold.
7. I will abide by the requirements for the certification of asexually propagated seedlings stipulated in Department Circular No. 2, Series of 2020.

Name & Signature of Applicant/Representative

Received by:

PMI/NSQCS Staff

Date: _____

APPROVED/DISAPPROVED:

Chief, NSQCS Region_____/Satellite_____

Date: _____

Cc: NSQCS - Central Office

Attachments:

1. Four (4) copies of the filled-out application form.
2. Certificate of Nursery Accreditation from BPI.
3. Plant Material Certificate as proof of having certified trees
4. Copy of Receipt of Payment of Application Fee

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman, Quezon City**

**CERTIFICATION OF ASEXUALLY PROPAGATED SEEDLINGS
FOR FRUIT AND PLANTATION CROPS**

PRELIMINARY INSPECTION REPORT FOR ROOTSTOCKS

Date of Inspection: _____
Name of Applicant: _____
Address of Applicant: _____
Contact No.: _____
E-mail: _____

Rootstock Availability:

Number of Available Rootstocks: _____
Source of Rootstocks: _____
Growth Media Container Size and Color: _____

Rootstock Condition

- Rootstocks are healthy/vigorous	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Not Acceptable
- Not severely damaged by pests	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Not Acceptable
- Free from systemic diseases (<50%)	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Not Acceptable

Recommendation:

For Asexual Propagation For Deferral (state reason) Others (please specify):

Inspected by:

Plant Material Inspector
Office: _____
Date: _____

Approved by:

Chief, NSQCS Region ____/Satellite____
Date: _____

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman, Quezon City**

**CERTIFICATION OF ASEXUALLY PROPAGATED SEEDLINGS
FOR FRUIT AND PLANTATION CROPS**

**PRELIMINARY INSPECTION REPORT FOR SCIONS
AND ASEXUAL SEEDLINGS**

Date of Scion Collection/Inspection: _____
Name of Applicant/Representative: _____
Address of Applicant: _____
Contact No.: _____
E-mail: _____
Nursery Accreditation Number: _____
Name and Location of Scion Source: _____

Asexually Propagated Seedlings Applied for Certification:

Crop	Registered Variety Name	Plant/Tree Certification Number (Source)	No. of Scions/Budsticks/ Propagules Gathered	No. of Resulting Asexually Propagated Seedlings

- Scion source are NSIC-registered Yes No
- Scion source have certifications/tags Yes No
- Scion source is free from systemic diseases Yes No
- Scions are obtained from:
- BPI Center
 - Accredited Nursery
 - Government Nursery (DA-RFO, LGU, SCU)
 - *In vitro* Laboratory
- Seedlings are segregated with label Acceptable Not Acceptable

Inspected by:

Plant Material Inspector
Office: _____
Date: _____

Approved by:

Chief, NSQCS Region_____/Satellite_____
Date: _____

Cc: NSQCS - Central Office

*Purchase receipt must be attached If scions were sourced from external sources.

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman, Quezon City**

**CERTIFICATION OF ASEXUALLY PROPAGATED SEEDLINGS
FOR FRUIT AND PLANTATION CROPS**

MONITORING REPORT

Name of Applicant: _____

Address of Applicant: _____

Contact No.: _____

E-mail: _____

Nursery Accreditation No.: _____

Location of asexually propagated seedlings: _____

Asexually Propagated Seedlings Applied for Certification:

Date of Monitoring	Crop	Registered Variety	Initial Number of Seedlings	Number of Healthy surviving seedlings	Number of recovering seedlings	Percent Mortality

Recommendation:

For Final Inspection For further monitoring Others (please specify):

Inspected and Monitored by:

Plant Material Inspector

Office: _____

Date: _____

Approved by:

Chief, NSQCS Region____/Satellite____

Date: _____

Cc: NSQCS - Central Office

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman, Quezon City**

**CERTIFICATION OF ASEXUALLY PROPAGATED SEEDLINGS
FOR FRUIT AND PLANTATION CROPS**

FINAL INSPECTION REPORT

Date of Inspection: _____
Name of Applicant: _____
Address of Applicant: _____
Contact No.: _____
E-mail: _____
Nursery Accreditation No.: _____
Number of Seedlings Applied for Certification: _____

Asexually Propagated Seedlings Passed for Certification:

Crop	Registered Variety Name	Total number of Seedlings ready for tagging

Multiple Inspections:

Lone Inspection Multiple Inspection (Kindly indicate if 1st, 2nd etc.): _____

Recommendation:

For Tagging For Deferral Others (please specify): _____

Inspected by:

Plant Material Inspector
Office: _____
Date: _____

Approved by:

Chief, NSQCS Region____/Satellite____
Date: _____
Cc: NSQCS - Central Office

*PMI or NSQCS Staff shall inform the Central Office of the number of total seedlings tagged after the conduct of tagging

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman, Quezon City**

**CERTIFICATION OF SEXUALLY PROPAGATED SEEDLINGS
FOR FRUIT AND PLANTATION CROPS**

APPLICATION FORM

Date of Application: _____

Business Name: _____

Name of Applicant/Representative: _____

Private Individual Private Group
(Cooperative, Association, Corporation) Government Institution

Address of Applicant: _____

Contact No.: _____

E-mail: _____

Nursery Accreditation No.: _____

Location of the Nursery: _____

Sexually Propagated Seedlings Applied for Certification:

Crop	Registered Variety Name	Number of Seedlings

TERMS AND CONDITIONS

1. Upon submission of my application, I shall extend my full cooperation with the NSQCS and the Plant Material Inspector (PMI) for the requirements of certifying sexually propagated seedlings, during the conduct of inspections and tagging of asexually propagated seedlings.
2. My application for the certification of sexually propagated seedlings will not be accepted if not all requirements are met based on the evaluation of the NSQCS and PMI.
3. I will inform and coordinate with the NSQCS and PMI for the scheduling of the conduct of fruit collection, seed extraction and transplanting.
4. I must only collect fruits or seeds from healthy certified mother trees with the supervision of the NSQCS or PMI for the propagation of certified seedlings.
5. In case that the fruits or seeds were purchased, I will provide the PMI and/or PNE with the corresponding official receipt/s issued from the source and a copy of the plant certification issued by BPI-NSQCS.
6. Once certified, I shall keep and maintain the certified seedlings to be healthy and free from systemic diseases until such time that they are disposed or sold.
7. I will abide by the requirements for the certification of sexually propagated seedlings stipulated in Department Circular No. 2, Series of 2020.

Received by: _____

Name & Signature of Applicant/Representative

PMI/NSQCS Staff

Date: _____

APPROVED/DISAPPROVED:

Chief, NSQCS Region_____/Satellite____

Date: _____

Cc: NSQCS - Central Office

Attachments:

1. Four (4) copies of the filled-out application form.
2. Certificate of Nursery Accreditation from BPI.
3. Official receipt/s issued for the certified source of propagule (if purchased).

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman, Quezon City**

**CERTIFICATION OF SEXUALLY PROPAGATED SEEDLINGS
FOR FRUIT AND PLANTATION CROPS**

**PRELIMINARY INSPECTION REPORT ON FRUIT COLLECTION
AND SEED EXTRACTION**

Date of Inspection: _____
Name of Applicant: _____
Address of Applicant: _____
Contact No.: _____
E-mail: _____
Nursery Accreditation No.: _____
Name and Location of Fruit/Seed Source: _____

- | | | | | |
|--|--------------------------|------------|--------------------------|----------------|
| fruit trees are PSB/NSIC-registered | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| fruit trees have certifications/tags | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| fruits are sorted w/ labels | <input type="checkbox"/> | Acceptable | <input type="checkbox"/> | Not Acceptable |
| has accurate layout of germination bed | <input type="checkbox"/> | Acceptable | <input type="checkbox"/> | Not Acceptable |

Date of Fruit Collection: _____
Date of Seed Extraction: _____

Number of Seeds Extracted:

Crop	Registered Variety Name	Number of Seeds Extracted	Number of Seeds Sown

Recommendation:

For Inspection of Germination For Deferral (Indicate Reason) Others (please specify):

Inspected by:

Plant Material Inspector
Office: _____
Date: _____

Approved by:

Chief, NSQCS Region____/Satellite____
Date: _____

Cc: NSQCS - Central Office

*Purchase receipt must be attached If scions were sourced from external sources.

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman, Quezon City**

**CERTIFICATION OF SEXUALLY PROPAGATED SEEDLINGS
FOR FRUIT AND PLANTATION CROPS**

**PRELIMINARY INSPECTION REPORT ON GERMINATION AND
TRANSPLANTED SEEDLINGS**

Name of Applicant: _____

Address of Applicant: _____

Contact No.: _____

E-mail: _____

Nursery Accreditation No.: _____

Date of Monitoring after Germination: _____

Sexually-Propagated Seedlings After Germination:

Crop	Registered Variety Name	Number of Seeds Sown	Number of Seeds Germinated	% Seed Germination

Date of Monitoring after Transplanting: _____

Sexually-Propagated Seedlings After Transplanting:

Crop	Registered Variety Name	Number of Surviving Seedlings for Certification	Growth Condition/Status

Recommendation:

For Monitoring For Deferral Others (please specify):

Inspected by:

Plant Material Inspector

Office: _____

Date: _____

Approved by:

Chief, NSQCS Region____/Satellite____

Date: _____

Cc: NSQCS - Central Office

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman, Quezon City**

**CERTIFICATION OF SEXUALLY PROPAGATED SEEDLINGS
FOR FRUIT AND PLANTATION CROPS**

MONITORING REPORT

Name of Applicant: _____

Address of Applicant: _____

Contact No.: _____

E-mail: _____

Nursery Accreditation No.: _____

Sexually Propagated Seedlings Applied for Certification:

Date of Monitoring	Crop	Registered Variety Name	Initial No. of Seedlings	Number of Surviving Seedlings	Percent Mortality

Recommendation:

For Final Inspection For Further Monitoring Others (please specify):

Inspected by:

Plant Material Inspector

Office: _____

Date: _____

Approved by:

Chief, NSQCS Region____/Satellite____

Date: _____

Cc: NSQCS - Central Office

**National Seed Quality Control Services
Bureau of Plant Industry
Visayas Avenue, Diliman, Quezon City**

**CERTIFICATION OF SEXUALLY PROPAGATED SEEDLINGS
FOR FRUIT AND PLANTATION CROPS**

FINAL INSPECTION REPORT

Date of Inspection: _____

Name of Applicant: _____

Address of Applicant: _____

Contact No.: _____

E-mail: _____

Nursery Accreditation No.: _____

Number of Seedlings Applied for Certification: _____

Sexually Propagated Seedlings Passed for Certification:

Crop	Registered Variety Name	Total Number of Surviving Seedlings

Multiple Inspection:

Lone Inspection Multiple Inspection (Kindly indicate if 1st, 2nd etc.): _____

Recommendation:

For Tagging For Deferral Others (please specify):

Inspected by:

Plant Material Inspector

Office: _____

Date: _____

Approved by:

Chief, NSQCS Region____/Satellite____

Date: _____

Cc: NSQCS - Central Office

TAG ORDER AND CONSENT FORM

Name of Applicant: _____

Address of Applicant: _____

Business Address: _____

Application Type:

Mother Trees Asexually Propagated Sexually Propagated

Number of Tags Ordered:

Crop	Registered Variety Name	Number of Crops for Tagging*	Number of Tags to be Ordered	Price
GRAND TOTAL:				

*to be filled up by the PMI/NSQCS Staff

Prices: Plate Tags for Mother Trees – 100.00 PhP per Plate Tag
Seedling Tag – 1.20 PhP per Seedling Tag

I understand that upon ordering the tagging materials, I shall pay the amount equivalent to 50% of the total amount stated above as down payment and that the tags shall not be issued unless the remaining balance is paid in full. By ordering these tags, I also commit to assist the PMI and NSQCS Staff during the tagging of the applied crops.

Name & Signature of Applicant

Received by:

Approval/Disapproval:

PMI/NSQCS Staff
Date: _____

Chief, NSQCS Region_____/Satellite_____
Date: _____