
Date

MS. AGNETTE P. PERALTA

Director IV
Center for Device Regulation, Radiation Health and Research
Food and Drug Administration
Bldg. 24, Department of Health, San Lazaro Compound
Sta. Cruz, Manila

Dear **Dir. Peralta**:

This refers to our application for a Certificate of Health Related Device Registration (CHRDR) for our water purification device/system, _____.
(Name of Water Purification Device/System)

We would like to inform your good office that we cannot submit a copy of our Mayor's Permit due to the following reason/s:

In view of the above, we would like to request your kind consideration of accepting our application. We promise to submit a copy of our Mayor's permit once issued to us or within one (1) month from the date that we received our CHRDR. We fully understand that failure to do so will be a ground for the revocation of our CHRDR.

Very truly yours,

Signature Over Printed Name of Owner

Name of Establishment

Address of Establishment