



**CHECKLIST OF REQUIREMENTS FOR INITIAL ISSUANCE / RENEWAL OF  
A LICENSE TO OPERATE (LTO) A VETERINARY X-RAY FACILITY**

<input type="checkbox"/>	1.	Duly accomplished veterinary x-ray license application form (2 copies).
<input type="checkbox"/>	2.	License application fee (refer to the schedule of fees below). Either a photocopy of the machine validated Land Bank of the Philippines (LBP) OnColl Payment Slip or Manager's Check or Cashier's Check payable to <b>FOOD AND DRUG ADMINISTRATION</b> . For LBP payment, you may visit FDA website through this link for the guidelines for payment portal: <a href="https://ww2.fda.gov.ph/index.php/issuances-2/cdrhr-laws-and-regulations-pertaining-to-all-regulated-medical-devices/cdrhr-fda-circular/508371-fda-circular-no-2018-004">https://ww2.fda.gov.ph/index.php/issuances-2/cdrhr-laws-and-regulations-pertaining-to-all-regulated-medical-devices/cdrhr-fda-circular/508371-fda-circular-no-2018-004</a> .
<input type="checkbox"/>	3.	Photocopy of the Official Receipt of the personal dose monitor (TLD or OSL) from the provider of personnel dose monitoring service.
<input type="checkbox"/>	4.	Photocopy of the certificate of training of the veterinarian and/or radiologic/x-ray technologist in radiation protection for radiation safety officers of veterinary x-ray facilities conducted by an organization recognized by CDRRHR. <b>(FOR RENEWAL APPLICATION WITH NO CHANGES ON CURRENT RADIATION PROTECTION OFFICER, THIS REQUIREMENT IS OPTIONAL)</b>
<input type="checkbox"/>	5.	Photocopy of the <i>VALID</i> Professional Regulation Commission (PRC) license of all the veterinarian/s and radiologic/x-ray technologist/s.
<input type="checkbox"/>	6.	Photocopy of the PRC board certificate of all the veterinarian/s and/or all radiologic/x-ray technologist/s connected with the x-ray facility. <b>(FOR RENEWAL APPLICATION WITH NO CHANGES ON CURRENT VETERINARIAN/S OR RADIOLOGIC/X-RAY TECHNOLOGIST/S, THIS REQUIREMENT IS OPTIONAL)</b>
<input type="checkbox"/>	7.	Photocopy of the valid notarized contract of employment of all the veterinarian/s and/or radiologic/x-ray technologist/s connected with the x-ray facility. The CDRRHR recommends that the contract be valid for at least one year.
<input type="checkbox"/>	8.	Duly filled-up and notarized affidavit of continuous compliance. <b>(FOR RENEWAL APPLICATION ONLY)</b>
<input type="checkbox"/>	9.	Photocopy of the business/mayor's permit or SEC/DTI registration of the facility. <b>(FOR INITIAL/VARIATION APPLICATION ONLY)</b>
<input type="checkbox"/>	10.	Photocopy of the latest License to Operate. <b>(FOR RENEWAL APPLICATION ONLY)</b>

**Schedule of Fees (per x-ray machine)**

mA RANGE	INITIAL	RENEWAL (Valid LTO)	Renewal of Expired LTO				
			1 <sup>st</sup> Month	2 <sup>nd</sup> Month	3 <sup>rd</sup> Month	4 <sup>th</sup> Month	> 4 months
100 and below	810.00	410.00	1,250.00	1,290.00	1,330.00	1,370.00	1,770.00
101 up to 300	1,111.00	560.00	1,715.00	1,770.00	1,825.00	1,880.00	2,431.00
301 up to 500	1,414.00	710.00	2,180.00	2,250.00	2,320.00	2,390.00	3,094.00
501 up to 700	1,717.00	860.00	2,645.00	2,730.00	2,815.00	2,900.00	3,757.00
greater than 700	2,020.00	1,010.00	3,110.00	3,210.00	3,310.00	3,410.00	4,420.00

**Notes:**

- The surcharge/penalty for late filing of the renewal of LTO will be assessed pursuant to the Implementing Rules and Regulations (Book II, Article I Section 3.A.2) of RA 9711 and to the FDA Circular No. 2011-004 as follows:

*"An application for renewal of an LTO received after its date of expiration shall be subject to a surcharge or penalty equivalent to twice the renewal licensing fee and an additional 10% per month or a fraction thereof of continuing non-submission of such application up to a maximum of one hundred twenty (120) days. Any application for renewal of license filed thereafter shall be considered expired and the application shall be subject to a fee equivalent to the total surcharge or penalty plus the initial filing fee and the application shall undergo the initial filing and evaluation procedure."*

- Pursuant to FDA Circular No. 2011-003, a Legal Research Fee (LRF) amounting to "one percent (1%) of the filing fee imposed, but in no case lower than ten pesos" shall be collected.
- Incomplete requirements shall not be processed.
- For initial/renewal application, fee paid shall be forfeited when the facility fails to comply with the licensing requirements within 15 days upon proper notice from the CDRRHR.





Republic of the Philippines  
Department of Health  
**FOOD AND DRUG ADMINISTRATION**  
Filinvest Corporate City  
Alabang, City of Muntinlupa



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**APPLICATION FORM FOR A LICENSE TO OPERATE A VETERINARY X-RAY FACILITY**

**General Instructions:** Write legibly and in BLOCK letters. Put an “x” mark on appropriate tick box. Completely fill-up the required information and signatures. The CDRRHR will not receive and process unduly filled-up application forms. For requirements, please refer to the attached checklist.

<b>TYPE OF AUTHORIZATION</b> <input type="checkbox"/> New application <input type="checkbox"/> Renewal of LTO <input type="checkbox"/> Amendment to existing LTO # _____ Reason/s for amendment: _____		<i>For CDRRHR use</i> <b>DTN No.:</b> _____  <input type="checkbox"/> Thru mail <input type="checkbox"/> Walk-in  <b>Fee Paid</b> PHP: _____ O.R # _____ Date Paid _____  <b>Assessed by:</b> _____ Date : _____  <b>Evaluated by:</b> _____ Date: _____  <b>Status of the Facility:</b> _____ _____ <b>Action taken :</b> _____ _____ _____ _____ <b>Checked by:</b> _____ Date: _____  <b>Printed by:</b> _____ Date: _____  <b>Recommending Approval:</b> _____ Date: _____  <b>Encoded by:</b> _____ Date: _____
<b>I General Information</b> Name of Facility : _____ Facility Address : _____  Contact No./s : _____  Name and Address of the Applicant, Legal Person, Company, Organization, etc. Name : _____ Position/Designation : _____ Address : _____ Contact No./s: _____ Email Address : _____		
<b>II Name and qualifications of the personnel working in the veterinary x-ray facility</b>		
<b>Chief Veterinarian:</b>  Name : _____ Qualification : _____ <b>SIGNATURE:</b> _____	<b>Radiation Protection Officer:</b>  Name : _____ Qualification : _____ <b>SIGNATURE:</b> _____	
<b>III Declaration of the veracity of information: To be signed by the legal person/owner</b>  I hereby declare that all the information provided on the form and in support of this application is to the best of my knowledge complete and true in every particular.           <div style="text-align: right;"> _____  <b>Printed Name and Signature</b>  Position: _____  Date: _____ </div>		



**IV X-ray Equipment Specifications**

* Type	Name of Manufacturer / Model	Brand		Model		Serial Number		Max. mA	Max. kVp	Location
		Tube head	Control Console	Tube head	Control Console	Tube head	Control Console			

\*Radiography (Stationary/Mobile)

**V Name and qualifications of other operators working in the x-ray facility**

Name	Designation	Training in Radiation Protection	Signature

Please use separate sheet if necessary