

**APPLICATION FOR REGISTRATION OF WATER PURIFICATION
DEVICES/SYSTEM**

Initial **Renewal**

Name of Applicant Company: _____
 Manufacturer **Importer** **Distributor**

Address: _____

Name and Address of Manufacturer: _____

Email Address: _____ Tel. No.: _____ Telefax No.: _____

LTO No.: _____

Name of Company Representative: _____

Position/Designation: _____

CHRDR No. _____

For Single Proprietorship or Partnership, list the name of owner and/or partner:

For Corporation, list the name of:

INCORPORATORS

POSITION

BRAND

PRODUCT

CLAIMS

(safe drinking, purified water, etc.)

I hereby certify that all the information given above and all other data in connection with this application are true and correct. I understand that any misrepresentation or false information will be ground for outright rejection of my application for registration of water purification device(s)/system(s). I am also authorizing representatives from CDRRHR-PRSDD to conduct verification of all the documents attached herewith and inspection of the above-stated products as may be deemed necessary. Furthermore, I understand that my application will not be processed until after I have completely submitted all the requirements enumerated in this application form.

Signature of Company Representative over Printed Name

Date