APPLICATION FORM FOR MEDICAL DEVICE LISTING

TO THE DIRECTOR GENERAL
Food and Drug Administration
Department of Health

ATTN: The Director
Center for Device Regulation, Radiation Health, and Research

Sir/Madam:

In Accordance with R.A. 9711 and other related issuances, we wish to apply for the **listing** of our product.

APPLICATION FOR MEDICAL DEVICE LISTING

Device Name:
Device Proprietary/Brand Name:
Model/Reference Number/Property Code/Item Code:
Classification: ☐ Class A ☐ Class B ☐ Class C ☐ Class D
Intended Use of Device:

Applicant's Company Name:
Address:
Tel No. Fax. No. E-mail address:
Company Owner/General Manager:
Regulatory Officer/Company Representative:

Legal Manufacturer(Product Owner): Address: Manufacturing site:

We hereby certify that the foregoing information and all other data submitted in connection with this application are true and correct. We understand that the failure to report all required information or submission of false or misleading information is an offense punishable by law.

Regulatory Officer:

SIGNATURE OVER PRINTED NAME
Government issued ID Number:

Date Issued:
Place of Issuance:

Owner/General Manager:

SIGNATURE OVER PRINTED NAME
Government issued ID Number:

Date Issued:
Place of Issuance:

SUBSCRIBED AND SWORN before me this _____ day of _____ affiant exhibiting to me his/her government issued ID indicated above.

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