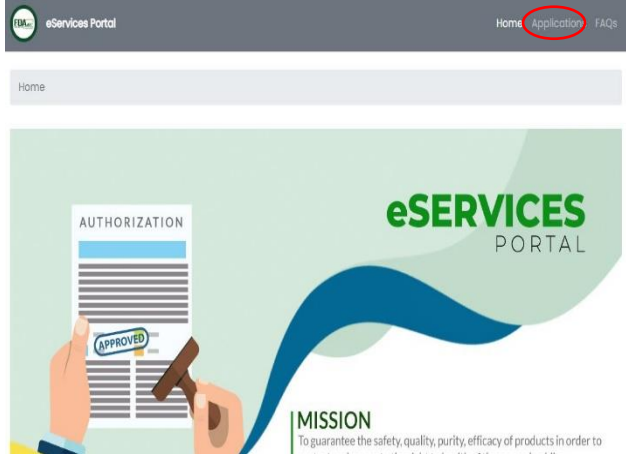
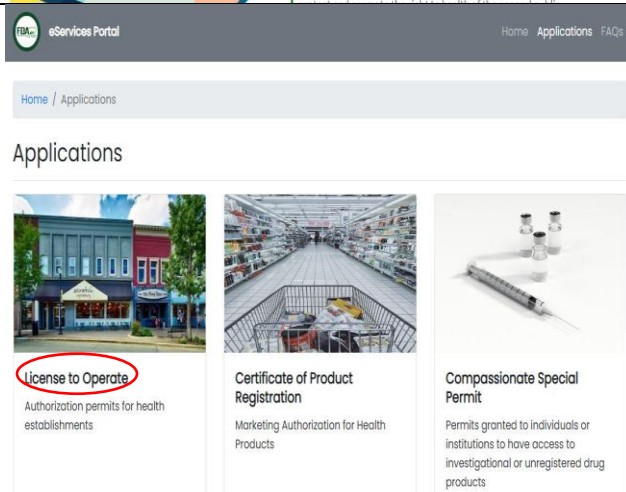
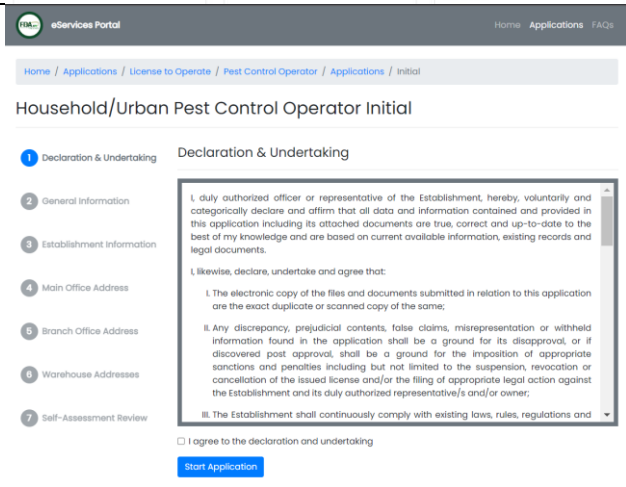


**Annex A**  
**Step-by-step Procedure of eServices Portal system**  
**on PCO License to Operate**

<p><b>Step 1:</b> Access the eServices Portal system through <a href="https://eservices.fda.gov.ph/">https://eservices.fda.gov.ph/</a> and click “Application” located at the right upper corner.</p>	
<p><b>Step 2:</b> Select “License to Operate” and click “Pest Control Operator”.</p>	
<p><b>Step 3:</b> To start the application, read and agree to the declaration &amp; undertaking form.</p> <p><b>Page 1: Declaration &amp; Undertaking</b></p>	

**Step 4:** Provide and fill in the necessary information.

**Note:** Field marked with a red asterisk (\*) are required to be filled-in.

### Page 2: General Information

- Type of Application
- Primary Activity
- Scope of Work
- Pest Control Method
- Additional Activities

#### General Information

\* Type of Application

\* Primary Activity

\* Scope of Work

\* Pest Control Method

Additional Activities  Disinfection Services

- Scope of Work – select whether the activity pertains to commercial, in-house or government service application
- Pest Control Method – select whether exterminator, fumigator, or exterminator/fumigator
- Additional Activities tick if disinfection is also a service rendered

**Note:** For additional information, place the cursor on the field and the description will prompt.

### Page 3: Establishment Information

- Name of Establishment
- Owner of Establishment
- Tax Identification Number
- Contact Information

#### Household/Urban Pest Control Operator Initial

1 Declaration & Undertaking Establishment Information

2 General Information

3 Establishment Information

4 Main Office Address

5 Branch Office Address

6 Warehouse Addresses

\* Name of Establishment

\* Owner of Establishment

\* Tax Identification Number

Contact Information

\* Email Address

\* Mobile Number

Declared Name of Establishment shall be the same as the Business Name reflected in the DTI/SEC/CDA Certificate or Original Charter, as applicable. Please ensure correctness of the declared Business Name as this will be the name that will be reflected in the License to Operate. In case the Business Name is different from the Corporation Name, the SEC Certificate of

#### Contact Information

The declared e-mail address shall serve as the communication channel in receiving all notifications and results generated in the e-Services Portal system.

### Details of Authorized Representative

#### Details of Authorized Representative

**i** The qualified person may also be the duly authorized representative of the establishment.

\* First Name   
include suffix name on first name

Middle Name

\* Last Name

\* Designation   
select owner for sole proprietorships

Government Issued Identification Document

\* Type

\* Identification Number

### Documentary Requirements

- Proof of Business Name Registration
- Authorized letter for the SPH
- Certificate of Employment of the Qualified Person/ SPH

**Note:** Field marked with a red asterisk (\*) are required to be provided. Files must be in PDF format with maximum file size of 2MB.

### Documentary Requirements

#### Establishment Information

* Proof of Business Name Registration	<input type="text" value="SEC Certificate.pdf"/>	<input type="button" value="File Upload"/>
Authorization Letter for the SPH	<input type="text" value="Please upload a pdf file..."/>	<input type="button" value="File Upload"/>
Certificate of Employment of the QP/SPH	<input type="text" value="Please upload a pdf file..."/>	<input type="button" value="File Upload"/>

- Documentary requirements with multiple files shall be compiled in a single PDF file.


### Page 4: Main Office Address

**Note:** For all address fields in the application form, the GPS coordinates will be automatically generated after clicking the "Get GPS coordinates" button. Then, manually navigate the pin in the map for a more accurate location of the address.

[Home](#) / [Applications](#) / [License to Operate](#) / [Pest Control Operator](#) / [Applications](#) / [Initial](#)

### Household/Urban Pest Control Operator Initial

1 Declaration & Undertaking	Office Address
2 General Information	* Region <input type="text" value="National Capital Region (NCR)"/>
3 Establishment Information	* Province <input type="text" value="Metro Manila"/>
4 Main Office Address	* City or Town <input type="text" value="Muntinlupa City"/>
5 Branch Office Address	* Street Address <input type="text" value="Civic Drive Fillinvest Corporate City"/>
6 Warehouse Addresses	* GPS Latitude <input type="text" value="14.41293"/>
7 Self-Assessment Review	* GPS Longitude <input type="text" value="121.04185"/>



Move the marker pin to accurately position your Office Address.

### Details of the Supervising Pesticide Handler

Fill in the supervising pesticide handler/ pesticide handler employed in the main office.

**Note:** If there is more than one (1) SPH/PH in the main office address, click "Add handler".

### Details of the Supervising Pesticide Handler (SPH) and Pesticide Handler (PH)

#### Supervising Pesticide Handler Details

* First Name	<input type="text" value="First Name"/>
	<small>Include suffix name on first name</small>
Middle Name	<input type="text" value="Middle Name"/>
* Last Name	<input type="text" value="Last Name"/>
* Designation	<input type="text" value="Please Select"/>

#### Government Issued Identification Document

* Type	<input type="text" value="Please Select"/>
* Identification Number	<input type="text" value="Identification Number"/>

<p><b>Details of the Pesticide Handler/s</b></p>	<p>Pesticide Handler Details</p> <p>* First Name <input type="text" value="First Name"/>  <small>Include suffix name on first name</small></p> <p>Middle Name <input type="text" value="Middle Name"/></p> <p>* Last Name <input type="text" value="Last Name"/></p> <p>* Designation <input style="border: none; border-bottom: 1px solid #ccc;" type="text" value="Please Select"/> ▼</p> <p>Government Issued Identification Document</p> <p>* Type <input style="border: none; border-bottom: 1px solid #ccc;" type="text" value="Please Select"/> ▼</p> <p>* Identification Number <input type="text" value="Identification Number"/></p> <hr/> <p style="text-align: center;"><a href="#">+ Add Handler</a></p>
<p><b>Main Office Documentary Requirements</b></p> <ul style="list-style-type: none"> <li>• Mayor’s or Barangay Business Permit</li> <li>• Notarized Agreement with a DOH-accredited health facility</li> <li>• Risk Management Plan</li> <li>• Safety Training Plan</li> <li>• Proof of qualifications of all declared SPH</li> <li>• Proof of qualifications of all declared PH</li> </ul>	<p>Main Office Documentary Requirements</p> <p>Mayor’s or Barangay Business Permit <input type="text" value="Please upload a pdf file..."/> <input type="button" value="File Upload"/></p> <p>* Notarized agreement with a DOH-accredited health facility <input type="text" value="Please upload a pdf file..."/> <input type="button" value="File Upload"/></p> <p>* Risk Management Plan <input type="text" value="Please upload a pdf file..."/> <input type="button" value="File Upload"/></p> <p>* Safety Training Plan <input type="text" value="Please upload a pdf file..."/> <input type="button" value="File Upload"/></p> <p>* Proof of Qualifications of all declared SPH <input type="text" value="Please upload a pdf file..."/> <input type="button" value="File Upload"/></p> <p>* Proof of Qualifications of all declared PH <input type="text" value="Please upload a pdf file..."/> <input type="button" value="File Upload"/></p> <p style="text-align: right;"><input type="button" value="Back"/> <input type="button" value="Next"/></p>
<p><b>Page 5: Branch Office Address (If applicable)</b>          If there is a branch office other than the main office, fill in the branch address details.</p> <p><b>Note:</b> If none, skip the page.</p>	<p><b>i</b> If none, skip this page and click next</p> <hr/> <p><input type="checkbox"/> Do you have a branch office other than the main office?</p> <p style="text-align: right;"><input type="button" value="Back"/> <input type="button" value="Next"/></p>

	<p><input checked="" type="checkbox"/> Do you have a branch office other than the main office?</p> <p><b>Branch Address</b></p> <hr/> <p>* Region <input type="text" value="Please Select"/></p> <p>* Province <input type="text" value="Please Select"/></p> <p>* City or Town <input type="text" value="Please Select"/></p> <p>* Street Address <input type="text" value="Street Address"/></p> <p>* GPS Latitude <input type="text" value="GPS Latitude"/></p> <p>* GPS Longitude <input type="text" value="GPS Longitude"/></p> <p><a href="#">Get GPS Coordinates</a></p>
<ul style="list-style-type: none"> <li>Details of the Supervising Pesticide Handler</li> </ul> <p><b>Note:</b> If there is more than one (1) SPH/PH in the branch office, click "Add handler".</p>	<p><b>Details of the Supervising Pesticide Handler (SPH) and Pesticide Handler (PH)</b></p> <hr/> <p>Supervising Pesticide Handler Details</p> <p>* First Name <input type="text" value="First Name"/> <small>Include suffix name on first name</small></p> <p>Middle Name <input type="text" value="Middle Name"/></p> <p>* Last Name <input type="text" value="Last Name"/></p> <p>* Designation <input type="text" value="Please Select"/></p> <p>Government Issued Identification Document</p> <p>* Type <input type="text" value="Please Select"/></p> <p>* Identification Number <input type="text" value="Identification Number"/></p>
<ul style="list-style-type: none"> <li>Details of the Pesticide Handler/s</li> </ul>	<p><b>Pesticide Handler Details</b></p> <p>* First Name <input type="text" value="First Name"/> <small>Include suffix name on first name</small></p> <p>Middle Name <input type="text" value="Middle Name"/></p> <p>* Last Name <input type="text" value="Last Name"/></p> <p>* Designation <input type="text" value="Please Select"/></p> <p>Government Issued Identification Document</p> <p>* Type <input type="text" value="Please Select"/></p> <p>* Identification Number <input type="text" value="Identification Number"/></p> <p><a href="#">Add Handler</a></p>

- Branch Office Documentary Requirements

**Note:** Upload the business permit reflecting the branch office address.

### Branch Office Documentary Requirements

\* Business Permit

\* Proof of Qualifications of all declared SPH

\* Proof of Qualifications of all declared PH

Standard Operating Procedure (SOP) on the conduct of supervision of multiple branches

### Page 6: Warehouse address

**Note:** If there is more than one warehouse, click "Add Warehouse Address".

Warehouse #1

\* Region

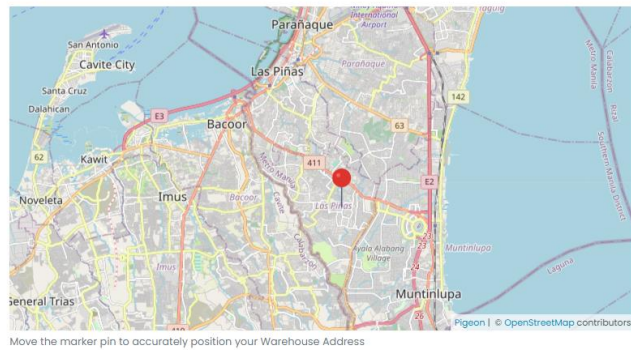
\* Province

\* City or Town

\* Street Address

\* GPS Latitude

\* GPS Longitude



### Page 7: Self-assessment review

**Note:** Kindly review prior to submission. If there are corrections to be made, return to the previous page/s by clicking the "Back" button and make the necessary changes.

### Self-Assessment Review

**General Information**

\* Type of Application

\* Primary Activity


\* Scope of Work

\* Pest Control Method

Additional Activities  Disinfection Services

**Step 5:** Tick "I'm not a robot" and Data Privacy Act declaration then click confirm to submit your LTO application.

**Note:** Auto-generated electronic email will be sent containing the Application Summary.

I'm not a robot  [Privacy](#) [Terms](#)

I hereby confirm that all information I have provided are true and correct to the best of my knowledge.

I understand that any errors that I have committed in this online form may be considered grounds for refusal or cancellation of my application.

I consent to the use of any personal information provided herein for Government to conduct the necessary records check and verification of facts in connection with my application.

[Back](#) [Confirm](#)