

COOPERATIVE REPUBLIC OF GUYANA

National Agricultural Research & Extension Institute

National Plant Protection Organization

Guyana School of Agriculture, Compound, Mon Repos, E.C.D.

*Telephone Nos. : Mom Repos: 220-2456, 220-2075*

Timehri : 261-2335 Fax: 220-5858

*Email*: nppogy#gmail.com

APPLICATION FOR A LICENSE TO OPERATE AS FERTILIZER HANDLERS

 Manufacturer Importer Exporter

Processor Indentor Bulk Handler

 Formulator Distributor

1. a. Name of Company:…………………………………………………………….

 Tin No……………………………..

b. Business Address and Telephone No…………………………………………

1. Head Office:……………………………………………………………………

 …………………………………………………………………….

 2. Branch Office (s):…………………………………………………………….

 ……………………………………………………………..

 ………………………………………………………………

1. Type of Ownership ( *Attached Registration and Articles of Incorporation*)

 Single Proprietorship Corporation

 Partnership Cooperative

1. In the case of INDENTORS, list of foreign suppliers you are representing in Guyana. Attach a copy of your contract or manufacturer’s authorization.
2. In the case of DISTRIBUTORS, attach a copy of Distributorship Agreement with the mother company.
3. List of distributors and dealers given by region (Use separate sheet, update yearly).
4. What brands/grades of fertilizer or fertilizer materials do you manufacture /import/export indent or distribute. Enumerate: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Physical Facilities

 List physical facilities (plant, warehouse, store) owned or rented:

 Capacity Location

 Plant …………………………… ………………… ………………………

 Warehouse ……………………. ………………… ………………………

 Store …………………………… ………………… ……………………….

1. What safety feature do you have in the plant/warehouse/store? Enumerate. Use separate sheet if necessary?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Number of personnel employed ( broken down by department, e.g.: manufacturing, sales, personnel, etc) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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I herby certify that the foregoing data and information including those in the annexes hereof are true and correct to the best of my knowledge.

In witness whereof, I have hereunto set my hand this ……………………..day of ………………….. 20…….at …………………………………………..…….…., Guyana.

……………………………………….

Name & Signature of Applicant

………………………………………

Quarantine Inspector

………………………………..…

Date & Place