FORM		
	No.	SD-SCD-QF72B
	Revision No.	1
	Effectivity Date:	10 June 2019
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BUREAU OF PHILIPPINE STANDARDS (BPS)
PRODUCT CERTIFICATION INFORMATION MANAGEMENT SYSTEM (PCIMS)

ACCOUNT REGISTRATION FORM FOR PS LICENSE APPLICANTS

Date: _____

The BUREAU DIRECTOR:

In accordance with Section 6 of Republic Act 4109 and in conjunction with Letter of Instruction No.1208, DAO 4:2008, DAO 17-06:2017, DAO 18-08:2018, their Implementing Rules and Regulations (IRR), and their future amendments, we hereby apply to be a registered user of the Product Certification Information Management System (PCIMS) under the BPS Mandatory Product Certification Schemes:

APPLICANT'S DETAILS

(The details to be supplied herein shall be those from the applicant firm i.e. the local manufacturer or in the case of foreign manufacturers, the authorized local importer)

Manufacturer	☐ Local Manufacturer ☐ Foreign Manufacturer		
Name of Applicant Firm			
Contact Person	*Personal Title/Prefix* / *Given Name* / *Middle Name* / *Last Name* / *Suffix*		
Note: The Contact Person shall pertain to the overall in-charge of the operations of the applicant firm e.g. Owner, President, CEO, Chairman, General Manager)			
Designation		E-mail Address	
Sex	☐ M ☐ F	Social Classification *(e.g. Senior Citizen, PWD, Indigenous Person)*	
Civil Status		Social Media/Website	
Office Address	*Bldg. No./Bldg. Name* / *Street* / *Brgy.* / *City/Municipality* / *Province* / *Region* / *Zip Code*		
Plant Address *(for local manufacturers)*	*Bldg. No./Bldg. Name* / *Street* / *Brgy.* / *City/Municipality* / *Province* / *Region* / *Zip Code*		
Form of Ownership	☐ Sole Proprietorship ☐ Corporation ☐ Others _____		
Asset Size (in PhP)		Industry Classification	
Product Line/ Services		Total Number of Employees	
Name of the Authorized PCIMS Account Holder	*Personal Title/Prefix* / *Given Name* / *Middle Name* / *Last Name* / *Suffix*		
Note: This shall pertain to the person duly authorized by the applicant firm to handle/manage its PCIMS account.			
Designation		PCIMS User Name	
E-mail Address *(for PCIMS Account)*		Telephone Number	
Mobile Number		Fax Number	

It is hereby certified that the information supplied herein by the undersigned is true and correct.

_____
Printed Name and Signature of Applicant/ Authorized Representative of Applicant

Subscribed and sworn to before me this _____ day of _____ 20__. Affiant exhibiting to me his Residence Certificate No. _____ issued on _____ at _____.

Doc. No. : _____
Page No. : _____
Book No. : _____
Series of : _____

NOTARY PUBLIC

Attachments:

NOTE: All attachments must be certified true copy (Put √ if attached).

- ☐ DTI Business Registration Certificate / SEC Registration Certificate and Articles of Incorporation
- ☐ Special Power of Attorney / Board Resolution / Secretary's Certificate and Articles of Incorporation
- ☐ Latest Audited Financial Statement

FOR DTI-BPS USE ONLY

Application Received and Checked by:

_____ Product Certification Officer

_____ Date & Time