

SRA APPLICATION FORM
REGISTRATION OF BIOETHANOL MANUFACTURERS/PRODUCERS
Crop Year _____

BUSINESS NAME: _____
PLANT SITE LOCATION: _____
BUSINESS ADDRESS: _____
CONTACT NUMBERS: Plant Site: _____ Business Office in Metro Manila _____
DATE ESTABLISHED: _____
DATE TO START COMMERCIAL OPERATION: _____
ESTIMATED NUMBER OF FACTORY WORKERS: _____
FEEDSTOCK/s: _____
ESTIMATED ANNUAL MOLASSES REQUIREMENT (MT): _____
ESTIMATED ANNUAL SUGAR SYRUP/RAW SUGAR REQUIREMENT (MT): _____
ESTIMATED ANNUAL AREA REQUIREMENT(Hectares)
 From Existing Sugarcane Plantations: _____
 From Expansion Areas: _____
TOTAL AREA REQUESTED FOR CERTIFICATION (HECTARES): _____
TOTAL NO. OF LANDOWNERS: _____ **TOTAL NUMBER OF FARMS:** _____
SUGAR MILLING DISTRICTS COVERED: _____
RATED CAPACITY :Tons Cane per day (TCD): _____
 Tons Molasses per day (TMD): _____
 Liters Ethanol per day (LED): _____
ESTIMATED NO. OF OPERATING DAYS PER YEAR: _____
ESTIMATED COGENERATION CAPACITY, MW (If applicable): _____
PROJECTED ANNUAL BIOETHANOL PRODUCTION: _____
PROPRIETOR/s: _____ (Sex: ___ Male ___ Female)
 _____ (Sex: ___ Male ___ Female)

PREPARED BY: _____ **DATE PREPARED:** _____
 (NAME & SIGNATURE OF AUTHORIZED REPRESENTATIVE) (Sex: ___ Male ___ Female)
CONTACT NUMBER(s)/CELLPHONE NUMBER(s): _____

I hereby certify to the correctness of the above information and I hereby agree that SRA may cause the suspension/cancellation or revocation of the SRA Registration of Bioethanol Manufacturers/Producers in lieu thereof, the imposition of a fine for non-observance or violation of its rules and regulations/issuances.

PRESIDENT
Signature Over Printed Name

SUBSCRIBED AND SWORN to before me this _____ day of _____ Affiant exhibited to me his/her Community Tax Certificate No. _____ Issued on _____ at _____.

NOTARY PUBLIC