



Republic of the Philippines
Department of Agriculture
SUGAR REGULATORY ADMINISTRATION
Sugar Center Bldg., North Avenue, Diliman, Quezon City, Philippines 1106
TIN 000-784-336

MEMO-REG-LMD-2020-May-020



May 19, 2020

CIRCULAR LETTER NO: 32
Series of 2020

OFFICE OF THE MANAGER III	
PLANNING, POLICY & SPECIAL PROJECTS DEPARTMENT (PPSPD)	
Received by :	<u>[Signature]</u>
Date :	<u>5/19/20</u>
Time :	<u>8:55 Am</u>
Tracking No. :	_____

SUBJECT : AMENDMENT TO CIRCULAR LETTER NO. 19, SERIES OF 2014- 2015 ENTITLED "GUIDELINES ON PRODUCTION OF BIOETHANOL"

Pursuant to the Amended Policies on the Production of Bioethanol embodied in Sugar Order No. 5 of 2014-2015, the following amended guidelines shall be implemented by the Sugar Regulatory Administration (SRA):

I. Registration of Bioethanol Manufacturers/Producers

Amended Requirements

- **Notarized Letter** requesting registration, original copy
- **Notarized Filled up Application Form**
- Compliance to monthly reportorial and documentary requirements, for renewal only
- Mayor's Permit, certified photo copy
- Sec Registration or CDA Registration with Articles of Incorporation/Cooperation & By-Laws, certified photocopy
- Sworn statement by the bioethanol producer that feedstocks are locally-sourced
- Proof of payment of applicable fees-Office Receipt or Deposit Slip, certified copy
- **Registration Payment**

All other provisions under these guidelines are still strictly enforced.

ENGR. HERMENEGILDO R. SERAFICA
Administrator



Management System
ISO 9001:2015
www.tuv.com
ID 11555555



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"A food-secure Philippines with prosperous farmers and fisherfolk"

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 AREA REQUIREMENT(Hectares)
From Existing Sugarcane Plantations: _____
From Expansion Areas: _____
TOTAL ESTIMATED FEEDSTOCK PRODUCTION AREA (HECTARES): _____
ESTIMATED ANNUAL MOLASSES REQUIREMENT (MT): _____
ESTIMATED ANNUAL SUGAR SYRUP/SUGAR REQUIREMENT: _____
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)
PLANT/OPERATIONS MANAGER: _____ (Sex: ___ Male ___ Female)
PREPARED BY: _____ **DATE PREPARED:** _____
(NAME & SIGNATURE OF AUTHORIZED REPRESENTATIVE) (Sex: ___ Male ___ Female)
CONTACT NUMBER(s)/CELPHONE 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