



Republic of the Philippines
Department of Agriculture

SUGAR REGULATORY ADMINISTRATION

Sugar Center Bldg., North Avenue, Diliman, Quezon City, Philippines
TIN 000-784-336

SUGAR REGULATORY ADMINISTRATION	
RECORDS SECTION	
RELEASED	
BY: <i>Cuby</i>	
DATE: FEB 10 2020	

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February 3, 2020

OFFICE OF THE MANAGER III	
PLANNING, POLICY & SPECIAL PROJECTS DEPARTMENT (PPSPD)	
Received by :	<i>Alma</i>
Date :	2-11-20
Time :	
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MEMORANDUM CIRCULAR No. 1
Series of 2019-2020

To : **ALL CONCERNED BIOETHANOL MANUFACTURERS/PRODUCERS**

From : **ENGR. HERMENEGILDO R. SERAFICA**
Administrator *jm*

SUBJECT : **NOTARIZED SRA APPLICATION FORM
OF SRA REGISTRATION OF BIOETHANOL
MANUFACTURERS/PRODUCERS**

All bioethanol manufacturers/producers are hereby directed to use the revised SRA Application Form (Copy Attached) of SRA Registration of Bioethanol Producers/Manufacturers SRA Form B-3 (Revision 2020) beginning Crop Year 2020-2021 onwards.

Relative to this, the SRA Licensing and Monitoring Division (LMD) of Regulation Department (RD) shall only receive notarized application forms with complete requirements prior endorsement to the Sugar Board for approval to proceed processing of application.

For your information and guidance.



Management System
ISO 9001:2015
www.sra.gov.ph
IT: 110502067



Website: <http://www.sra.gov.ph> Email Address: srahead@sra.gov.ph
Tel. No.: (632)929-3633, (632)455-2135, (632)455-3376



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

SRA APPLICATION FORM
SRA 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