



Republic of the Philippines
Department of Agriculture
SUGAR REGULATORY ADMINISTRATION
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MEMO-REG-LMD-2020-DEC- 008

December 4, 2020

CIRCULAR LETTER NO. 10
Series of 2020-2021

**SUBJECT : REVISED APPLICATION FORM FOR SRA REGISTRATION
OF BIOETHANOL AS MANUFACTURER / PRODUCER**

In view of SRA's efforts to continuously improve its processes for a more effective and efficient performance of its regulatory functions, the APPLICATION FORM FOR SRA REGISTRATION AS BIOETHANOL MANUFACTURER / PRODUCER is hereby REVISED and disseminated for implementation. All applicants are required to have the said form notarized prior to submission.

A copy of the revised form is attached.

All other provisions relating to registration of bioethanol as manufacturer / producer are still strictly enforced.

For the information and guidance of all concerned.


ENGR. HERMENEGILDO R. SERAFICA
Administrator



Management System
ISO 9001:2015
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"A food-secure Philippines with prosperous farmers and fisherfolk"

SRA PRESCRIBED APPLICATION FORM
REGISTRATION OF BIOETHANOL PRODUCER/MANUFACTURER
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: _____

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)

ESTIMATED ANNUAL AREA REQUIREMENT, (if applicable) Hectares: _____

From Existing Sugarcane Plantations: _____

From Expansion Areas: _____

TOTAL ESTIMATED FEEDSTOCK PRODUCTION AREA (HECTARES): _____

ESTIMATED ANNUAL MOLASSES REQUIREMENT (MT): _____

PREPARED BY: _____ **DATE PREPARED:** _____

(NAMED & 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 Producer/Manufacturer 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 Government ID _____ No. _____ Issued on _____ at _____ and valid until _____.

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