

**Renewal application form for Input Approval**Affix Recent  
Photograph  
of Contact  
Person**Section 1: General Information**

Company Name:

Address

Pin

Phone

Fax

Name of Contact Person

E-mail

Mobile

No. of production units for input  
manufacturing:

Location of these production units:

**Section 2: Information on the inputs**

Please list all products for approval:

Sl. No.	Product Name	Type of input	Solid /Liquid/G ranules	Remarks
1		<input type="checkbox"/> Fertilizer <input type="checkbox"/> soil conditioner <input type="checkbox"/> Pesticide <input type="checkbox"/> Repellent <input type="checkbox"/> Other:_____		
2		<input type="checkbox"/> Fertilizer <input type="checkbox"/> soil conditioner <input type="checkbox"/> Pesticide <input type="checkbox"/> Repellent <input type="checkbox"/> Other:_____		
3		<input type="checkbox"/> Fertilizer <input type="checkbox"/> soil conditioner <input type="checkbox"/> Pesticide <input type="checkbox"/> Repellent <input type="checkbox"/> Other:_____		
4		<input type="checkbox"/> Fertilizer <input type="checkbox"/> soil conditioner <input type="checkbox"/> Pesticide <input type="checkbox"/> Repellent <input type="checkbox"/> Other:_____		

Additional sheet/s may be used if required

**If your product has been registered under government regulation, please provide the registration number:****Product Name****Registration No**

Do you have any subcontracted service: If yes, please list all companies (along with address) that further process/ package your products		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
<b>Contract/Subcontractor</b>	<b>Contract/Subcontracted Service</b>		
<b>Documents need to submit along with application</b>			
<b>Document</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
Complete list of Ingredients (including sources)			
Government Registration Documents.			
Chemical Analysis Report.			
Contract with Subcontractor			
Site Maps			
Flow Chart for Processing			
Receipt / Invoice of all Ingredient			
Receipt/bill of all Sold Product			
Sample of all Packaging Materials			
Import Certificates for the Imported Products			
Non GM declaration for the crops requested for certification			
<b>Declaration of the manager/Operator:</b>			
The signatory declares that –			
<ul style="list-style-type: none"> <li>I agrees to comply with the requirements for certification and to supply any information needed for evaluation of products to be certified</li> <li>The information given in this application form is true, changes or deviations from the given information will be immediately communicated to APSOPCA.</li> </ul>			
Place :	Signature		
Date :			