



Republic of the Philippines
DEPARTMENT OF AGRICULTURE
Regional Field Office No.5
San Agustin, Pili, Camarines Sur, 4418
<http://bicol.da.gov.ph>

Date of Request: _____

MACHINERY AND EQUIPMENT UTILITY PROPOSAL

I. ABSTRACT OF REQUEST (Please check if applicable)

Facility requested (Subject to Availability)	Capacity	Proposed No. of hrs/day of operation	Type	No. of Units	Source
<input type="checkbox"/> 4WD Tractor					
<input type="checkbox"/> Handtractor					
<input type="checkbox"/> Thresher					
<input type="checkbox"/> Combine Harvester					
<input type="checkbox"/> Riding type Transplanter					
<input type="checkbox"/> Walkbehind Transplanter					
<input type="checkbox"/> Grain Collector					
<input type="checkbox"/> Spreader					
<input type="checkbox"/> Others, Please specify:					

II. PROFILE OF REQUESTING PARTY (Please check if applicable)

Name of Proponent (FA/Fos)					
Address:					
Contact Person:				Contact No.:	
No. of Members:	No. of Intended Beneficiary Members of the Facilities:				
Registration:	<input type="checkbox"/> SEC	<input type="checkbox"/> CDA	<input type="checkbox"/> DOLE	<input type="checkbox"/> Others, pls. specify:	Year Registered:
Registration No.:					

III. PROFILE OF SERVICE AREA

Location and Coordinates:	Lat.:	Long.:			
Crop Planted	Existing		Potential		Cropping per year
	Area (ha)	Yield (MT/yr)	Area (ha)	Yield (MT/yr)	

IV. OTHER INFORMATION (Please check if applicable)

With Available machinery shed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks:	
land Ownership (Machinery Shed):	<input type="checkbox"/> Owned	<input type="checkbox"/> Donated	<input type="checkbox"/> Lease	<input type="checkbox"/> Others:
Source of Operation & Mgt. Funds:	<input type="checkbox"/> Service Fee	<input type="checkbox"/> Organizational Fund	<input type="checkbox"/> Others:	
With Trained Operators:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks:	
Other Available Agricultural Machinery & Equipment:				
Business Operation(s)/Business Offered:				

Prepared by (Requesting Party):

Validated by (RFO Representative):

Name and Signature:		Name and Signature:	
Position/Designation:		Position/Designation:	