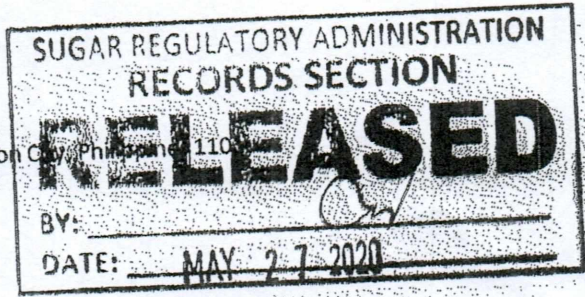




Republic of the Philippines
 Department of Agriculture
SUGAR REGULATORY ADMINISTRATION
 Sugar Center Bldg., North Avenue, Diliman, Quezon City, Philippines 1106
 TIN 000-784-336



MEMO-REG-LMD-2020-May-020

May 19, 2020

CIRCULAR LETTER NO: 32
 Series of 2020

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

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



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
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)/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