



Philippine Coast Guard
MARINE ENVIRONMENTAL PROTECTION COMMAND
 MEP ACCREDICATION AND CERTIFICATION SERVICES
 Muelle dela Industria, Farola Compound
 Binondo, Manila

APPLICATION FORM FOR
OIL SPILL DISPERSANT (OSD)

(Application in block form)

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| (Application in block form) | |
| 1. Name of Company: | 2. Date of Application: |
| 3. Contact Person: | |
| 4. Position: | |
| 5. Office Address: | |
| 6. Office Contact No.: | |
| 7. Type of Business: (Check one) | |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Other (specify) |
| 8. Nature of Business (Check one): | |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Distributor |
| 9. Brand Name of OSD: | |
| 10. Manufacturer of OSD: | |
| 11. Purpose of Application (Check one) | |
| <input type="checkbox"/> Issuance of New Certificate | <input type="checkbox"/> Renewal |
| 11a. Expiration date of PCG Certificate: | |
| 12. Type of OSD (Check one): | |
| <input type="checkbox"/> Conventional/ Solvent Based | <input type="checkbox"/> Concentrated |
| If Conventional, type of Solvent used? | |
| <input type="checkbox"/> Aqueous Based | <input type="checkbox"/> Hydrocarbon based |
| 13. Recommended Dilution Ratio: | |
| 14. Product Ingredients: | |
| 15. Flash Point: | 16. Cloud Point: |
| 17. Viscosity: | 18. Packaging: |
| 19. Shelf Life: | |
| 20. I hereby attest that all information in this document is factual and true: | |
| _____ Signature Over Printed Name | |