Instrucciones para presentar decretos de Agricultor Bona Fide bajo la Ley 60-2019, en 10 sencillos pasos.

Single Business Portal ("SBP")
(https://ogpe.pr.gov/freedom/)

Para presentar dicha solicitud, el peticionario deberá seguir los siguientes pasos en el SBP:

1. Oprima [Crear Cuenta].
2. Complete los espacios con la información solicitada.
3. Una vez creada la cuenta exitosamente, regrese al inicio. Oprima [Ir al Inicio]
4. Escriba el correo electrónico en el nombre de usuario y la contraseña que utilizó para la creación de la cuenta. Oprima [Entrar]
5. Oprima [Solicitud de Incentivos]. Seleccione [Otros Incentivos]

6. No modifique ningún campo, oprima [Crear]

7. En “Select Elegible Activities”, seleccionar [“Decree Transactions”]. En “Select Application”, seleccionar [“Bona Fide Farmer”].
8. Descargue la solicitud y cumplimente la información. Oprima [Next]

9. Oprima [Subir]. Seleccione el documento digital con la solicitud cumplimentada. Oprima {{Next}}

10. Proceda a realizar el pago de cinco ($5.00) dólares.
Case No. ______________________

I. CERTIFICATIONS

1. Bona Fide Certification from Dept. of Agriculture (include copy of the certification with this application)
   a. Number of certification________________________________________________________
   b. Valid through______________________________________________________________

2. Merchant Registry from Dept. of Treasury (include copy of the certification with this application)
   a. Number of certification_______________________________________________________
   b. Valid through_______________________________________________________________

II. APPLICANT’S INFORMATION

3. Name______________________________________________________________

4. Social Security Number____________________________________________________

5. Physical address__________________________________________________________

6. Mailing address____________________________________________________________

7. Telephone number________________________________________________________

8. Email_______________________________________________________________

III. BUSINESS INFORMATION (if applicable)

1. Name__________________________________________________________

2. ID Number (EIN)______________________________________________________
3. Webpage *(if applicable)*

4. Physical address

5. Mailing address

6. Telephone Number

7. Email

8. Type of organization

9. Organized under the laws of

IV. ASSOCIATES INFORMATION

Please, provide information for stockholders, members or associates:

<table>
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<tr>
<th>Full Name (first, middle, and last name)</th>
<th>Social Security or Employer ID number</th>
<th>Date and place of birth or Date and place of organization</th>
<th>Address</th>
<th>Participation (%)</th>
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V. DECLARATION AND ACKNOWLEDGEMENT

This application must be signed by the applicant or an authorized officer of the applicant. The submission of false, misleading or inaccurate information in this application or in the process to obtain the Bona Fide certification will be grounds for denying the granting of a decree and applicant may be civil and criminally liable in accordance with applicable statutes.

Authorized Signature

Printed Name

VI. REQUIRED DOCUMENTS (a copy must be submitted with this application)

- [ ] Bona Fide Certification from Dept. of Agriculture
- [ ] Merchant Registry from Dept. of Treasury
SWORN STATEMENT

I, ________________________, of legal age, ________________________, ____________________, resident of
(full name) (marital status) (occupation)
______________________, under the most and solemn oath declare that:
(city and country)

1. My personal circumstances are the above mentioned.

2. The information provided herein is true and accurate to the best of my knowledge and understanding.

IN WITNESS WHEREOF, I swear and subscribe this statement this ___________, of ________________ of
(day) (month)
_______________, at ___________________________.
(year) (city and country)

______________________________
Signature

Affidavit Number: _____________

SWORN AND SUSCRIBED TO before me by ______________________________________, of the personal
(full name)
circumstances above mentioned, whom I know personally or have identified by means of
______________________, this ___________, of ____________________ of _______________, at
(identification method) (day) (month) (year)
______________________________.
(city and country)

[Notary Seal]

______________________________
Public Notary

Note: If this document is notarized outside of Puerto Rico, include evidence regarding the authority of the notary
to administer notarized documents.