

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 petitionerario deberá seguir los siguientes pasos en el SBP:

1. Oprima [**Crear Cuenta**].
2. Complete los espacios con la información solicitada.



The image shows two screenshots of the SBP interface. The left screenshot is the login page, featuring the SBP logo, a 'Nombre de Usuario' field, a 'Contraseña' field, a 'Recordar' checkbox, and buttons for 'Entrar' and 'Crear Cuenta'. Below the buttons are links for '¿Olvidó su contraseña?', '¿Olvidó su nombre de usuario?', and '¿No ha recibido su email de confirmación?'. An arrow points from this page to the right screenshot, which is the registration page titled 'Información de la Cuenta'. It contains fields for 'Correo Electrónico', 'Contraseña', 'Confirme su Contraseña', and 'Ciudadanía' (with a dropdown menu).

3. Una vez creada la cuenta exitosamente, regrese al inicio. Oprima [**Ir al Inicio**]



The screenshot shows a success message in a light blue box. The text reads: '¡Felicitaciones! Su cuenta ha sido creada exitosamente. Usted recibirá un email para confirmar el registro.' In the top right corner of the box is a button labeled 'Ir al Inicio'. Below the message, the text 'Información de la Cuenta' is visible.

4. Escriba el correo electrónico en el nombre de usuario y la contraseña que utilizó para la creación de la cuenta. Oprima [**Entrar**]



This screenshot is identical to the first one, showing the SBP login page with the 'Nombre de Usuario' and 'Contraseña' fields, the 'Recordar' checkbox, and the 'Entrar' and 'Crear Cuenta' buttons.

5. Oprima [**Solicitud de Incentivos**]. Seleccione [**Otros Incentivos**]



6. No modifique ningún campo, oprima [**Crear**]

7. En “Select Eligible Activities”, seleccionar [**Decree Transactions**].
En “Select Application”, seleccionar [**Bona Fide Farmer**].

8. Descargue la solicitud y cumplimente la información. Oprima [Next]

> Download Document

Please download the following form. This form must be completed and subsequently submitted in the attachments section of this application. Please pay attention to the supplemental documents needed for this application. They are detailed in the form found below. These attachments must be submitted in the "Other" section of the attachments tab.

Please make sure you qualify for all the incentives you are applying for. All of these incentives have specific pre-requisites that must be met in order for the application to be considered. If you have any further questions, please contact us through our Chat. For information regarding application specifics, please contact the Department of Economic Development and Commerce at 787-765-2900.

[Bona Fide Farmer \(Download Here\)](#)

Next >

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

> Anejos del Trámite

Aneje los documentos que aparecen requeridos en la tabla bajo estas líneas. No podrá continuar con el proceso hasta que haya anejado cada uno de los documentos requeridos.

Trámite Actual:
2021-OtherTransactions-007678

Anejos Requeridos del Trámite Otros Anejos del Trámite

Nombre del Archivo	Acción
Bona Fide Farmer (PDF Application)	
Other	Opcional

Anejos del Trámite

Nombre del Archivo	Tipo de Anejo	Eliminar
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10. Proceda a realizar el pago de cinco (\$5.00) dólares.

> Otros Incentivos - 2021-OtherTransactions-007676

General Information Attachments Summary **Payment** Complete

> Desglose de Pagos

Trámite	Tipo de Trámite	Descripción	Precio
2021-OtherTransactions-007676	OtherTransactions-Case Management for General Transactions	OtherTransactions - Platform Processing Fee	\$5.00
Total:			\$5.00

Para iniciar el proceso de pago seleccione el método de pago a utilizarse. Solamente Mastercard, Visa y ACH son aceptados.

Forma de Pago
Seleccione uno...



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:

Full Name (first, middle, and last name)	Social Security or Employer ID number	Date and place of birth or Date and place of organization	Address	Participation (%)

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.