NTC Form No.: APPL-01
Reference No: _____

Republic of the Philippines
NATIONAL TELECOMMUNICATIONS COMMISSION
Agham Road, East-Triangle, Diliman, Quezon City

APPLICATION FOR PERMIT TO :

☐ **PURCHASE** ☐ **TRANSMITTER (s)**
☐ **POSSESS** ☐ **TRANSCEIVER (s)**

INSTRUCTIONS: *All blanks must be filled up properly. Put* ***"n/a"*** *for items not applicable to you. Upon completion of the form submit this together with required/supporting documents. Print all entries in block or CAPITAL LETTERS*

Type of Service :

☐ Fixed and Land Mobile ☐ Amateur ☐ Satellite ☐ Special
☐ Maritime ☐ Aeronautical ☐ Broadcast ☐ Others _____

Nature of Service :

☐ **CV** ☐ **CO** ☐ **CP**

Number of unit(s) : _____

_____ Repeater _____ Fixed _____ Land Base _____ Mobile _____ Portable

1 **APPLICANT** : _____
2 **BUSINESS ADDRESS** : _____
3 **CONTACT NO(s)** : _____ **EMAIL ADD.:** _____
4 **CPCN or PA No.** :

5 **PARTICULARS OF EQUIPMENT(s): (Use separate sheets if necessary)**

	1st Unit	2nd Unit	3rd Unit	4th Unit
Make				
Type/Model				
Serial Number				
BW & Emission				
Frequency Range				
Power Output				

6 **INTENDED USE OF EQUIPMENT (s):** (Check appropriate box)

☐ New Radio Station ☐ Change of Equipment
☐ Additional Radio Station ☐ For Storage at: _____
☐ Additional Radio Equipment with _____
Call Sign: _____ ☐ Others : _____

7 **SOURCE OF EQUIPMENT(s):** *For Permit to Possess*

Name and address of Radio Dealer : _____
Dealer's Permit No. : _____ Date Issued: _____
Permit to Sell /transfer No. : _____ Date Issued: _____
Others : _____

8 **CERTIFICATION**

I HEREBY CERTIFY that the above entries are true and correct, that the radio station(s) shall be installed / constructed in accordance with the prescribed standards and in conformity with the existing Radio Laws and Regulations and that I shall be liable for any willful false statements made in this application under the Revised Penal Code of the Philippines.

_____ _____
Authorized Representative Date
Signature over Printed Name of Applicant

OR **NO:** _____
DATE: _____ ,20___
AMOUNT: _____

_____
CASHIER

PLEASE SEE BACK HEREOF FOR THE REQUIREMENTS TO BE SUBMITTED

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED

Revision No.:
Revision Date: