



APPLICATION FOR :

- MOBILE PHONE DEALERS PERMIT (MPDP)**
- MOBILE PHONE SERVICE CENTER PERMIT (MPSCP)**
- MOBILE PHONE RETAILER/RESELLERS PERMIT (MPRRP)**

INSTRUCTIONS: All blanks must be filled up properly. Indicate "N/A" for items not applicable. Duly accomplished form must be submitted with required/supporting documents. Print all entries in block or CAPITAL LETTERS

TYPE: New Ren

1 **APPLICANT** : _____
 2 **BUSINESS ADDRESS** : _____
 3 **CONTACT NO(s)** : _____ **EMAIL ADD :** _____
 4 **PERMIT NO.** : _____ **VALIDITY :** _____ (If Applicable)

5 **TYPE OF FIRM:** (Check appropriate box)

Corporation Partnership
 Single Proprietorship Others, please specify _____

6 SUPPORTING DOCUMENTS/ REQUIREMENTS :

- 6.1 Duly certified true copy of SEC registration, articles of incorporation and by-laws or DTI registration certificate for single proprietorship. (for MPDP;MPSCP & MPRRP)
- 6.2 Copy of valid Business/Mayor's Permit. (for MPDP;MPSCP & MPRRP)
- 6.3 Copy of valid dealership agreement with Mobile Phone Distributor/ Supplier accredited by NTC. (for MPDP)
- 6.4 Proof of paid capitalization (minimum of P100,000.00 for MPDP and P50,000 for MPRRP) duly certified by the Treasurer of the Corporation or by the partners in a partnership or by the owner in a sole proprietorship.
- 6.5 Lease of stall agreement for the conduct of business activity.(for MPRR)
- 6.6 List of stocks of spares and accessories sufficient enough to cover the warranty of mobile phone units for at least six(6) months or in accordance with the Dealership Agreement with the NTC Accredited Suppliers/Distributor. (for MPDP)
- 6.7 Resume and employment certificate of at least one (1) qualified electronics technician who has completed a formal training course in the repair, servicing and maintenance of mobile phones and presently employed by the firm on a full-time basis. (For MPSC)
- 6.8 List of service or test equipment and measuring instruments. (For MPSC)
- 6.9 Latest Sales/Stock Report. (for MPD & MPRR)

7 CERTIFICATION

I HEREBY CERTIFY that all above entries are true and correct and that I shall be held liable for any willful false statements made in this application under the Revised Penal Code. Any false statement or misrepresentation made in connection with this application shall constitute a valid ground for the denial of this application and/or cancellation/ revocation of the permit to be granted.

 Signature over Printed Name of Applicant /
 or Authorized Representative

 Date

OR NO: _____
 DATE: _____, 20____
 AMOUNT: _____

CASHIER

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED

Revision No.: _____
 Revision Date: _____

ORDER OF PAYMENTS	
	AMOUNT
2.FILLING FEE	
5.INSPECTION FEE	
8. MODIFICATION FEE	
14. SURCHARGE	
MPDP/MPSCP/MPRRP	
DST	
OTHERS	
TOTAL:	



NATIONAL TELECOMMUNICATIONS COMMISSION
 ARBITRATION OFFICE
 1001 E. MANILA BOULEVARD, 3RD FLOOR
 MANILA, PHILIPPINES
 TEL: (632) 8861-1000
 FAX: (632) 8861-1001
 WWW.NTC.GOV.PH

This is to certify that the above-mentioned party has been duly registered with the Commission as a provider of telecommunications services. The Commission hereby grants the party the right to use the radio frequency spectrum and other resources of the National Telecommunications Commission for the purpose of providing telecommunications services.

The Commission also certifies that the party has complied with all the requirements and conditions of the Commission's rules and regulations regarding the registration of telecommunications service providers.

This certification is valid for a period of one (1) year from the date of issuance. The party may apply for renewal of this certification before the expiration date.

The Commission reserves the right to suspend or revoke this certification if the party fails to comply with the Commission's rules and regulations or if the party is found to be engaged in any activity that is contrary to the public interest.

Issued at Manila, Philippines, this _____ day of _____, 20____.

 Director

NTC REGIONAL OFFICE NO.: _____
 Office Address: _____
 Contact No.: _____
 Fax No.: _____
 E-mail Address: _____