



APPLICATION FOR :

- RADIO COMMUNICATION EQUIPMENT DEALER PERMIT (REDP)
- RADIO COMMUNICATION EQUIPMENT MANUFACTURER PERMIT (REMP)
- RADIO COMMUNICATION EQUIPMENT SERVICE CENTER PERMIT (RESCP)

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

TYPE OF EQUIPMENT: WDN/ TVRO/ RFID TRANSMITTER/ TRANSCEIVER
 TVRO EQUIPMENT OTHERS

1 APPLICANT : _____

2 BUSINESS ADDRESS : _____

3 CONTACT NO(s) : _____ **EMAIL ADD :** _____

4 PERMIT NO. : _____ **VALIDITY :** _____ (If Applicable)

5 PERSONNEL REQUIRED :

<p>a. Supervising Engineer (s):</p> <p>Name : _____</p> <p>PECE No. : _____</p> <p>Expiration Date : _____</p> <p>PTR No. : _____</p> <p>Date Issued : _____</p>	<p>a. Technician (s) (1PHN/ 1RTG)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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6 SUPPORTING DOCUMENTS/ REQUIREMENTS :

NEW

- 6.1 Letter of Intent.
- 6.2 Certificate of registration from the Department of Trade and Industry / Securities and Exchange Commission
- 6.3 Article of Incorporation and other related documents (primary purpose should indicate distributorship. Buy and sell of communication equipment)
 CAPITALIZATION : Service Center – P100, 000.00 and above
 Dealer – P350, 000.00 and above
 Manufacturer – P1, 000,000.00 and above
- 6.4 Latest Audited Financial Statement of Assets and Liabilities (If Applicable).
- 6.5 Latest Income Tax Returns (If Applicable).
- 6.6 Valid Business Permit/Mayor's Permit.
- 6.7 List of Test Equipment (refer to M.C. 02-05-88) / For WDN Dealers – Service Agreement.
- 6.8 Certificate of Employment of the Supervising PECE and Technician with their corresponding confirmation (To submit photo copy of License/Certificates).

RENEWAL

- 6.9 Original Permit
- 6.10 Items f and/or h and the latest Stock/Sales Report.

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: _____



APPLICATION FOR
RADIO COMMUNICATIONS SERVICE PERMIT

ORDER OF PAYMENTS	
	AMOUNT
2. FILLING FEE	
5. INSPECTION FEE	
8. MODIFICATION FEE	
14. SURCHARGE	
DEALERS PERMIT	
DST	
OTHERS	
TOTAL:	

APPLICANT'S NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

TELEPHONE NO.: _____

TYPE OF SERVICE: AM FM OTHER _____

CLASS OF SERVICE: _____

POWER: _____

OPERATING HOURS: _____

USE: COMMERCIAL PERSONAL OTHER _____

REMARKS: _____



NTC REGIONAL OFFICE NO.: _____

Office Address: _____

Contact No.: _____

Fax No.: _____

E-mail Address: _____