



APPLICATION FOR RADIO STATION LICENSE

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 of Radio Service : **Type:** New Ren **Number of Years:** _____

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

Nature of Service : CV (Commercial/Private) CO (Government) CP (Public Correspondence)

Number of unit(s) : _____ **Number of Years:** _____

_____ Repeater _____ Fixed _____ Land Base _____ Mobile _____ Portable

1 **APPLICANT** : _____
 2 **BUSINESS ADDRESS** : _____
 3 **CONTACT PERSON** : _____ **CONTACT NO.:** _____ **EMAIL ADD.:** _____
 4 **RADIO STATION LICENSE NO** : _____ (If Applicable)
 5 **FREQUENCY (IES)** : CH 1 _____ CH 4 _____
 CH 2 _____ CH 5 _____
 CH 3 _____ CH 6 _____

6 **SERVICE AREA/ POINT OF COMMUNICATION** : _____

7 **PARTICULARS OF TRANSCEIVER EQUIPMENT(S)/STATION:** (For New RSL only. Use separate sheets if necessary)

	REPEATER	BASE	MOBILE	PORTABLE
Make				
Type/Model				
Serial Number				
BW & Emission				
Power Output				
Type of Antenna				
Antenna Height				
Antenna Polarization				
Antenna Gain				
* Exact Location				
Coordinates				
Latitude				
Longitude				
Call Sign				

*For Mobile Station; Specify the Type of Vehicle and Plate Number.

8:	NAME OF OPERATOR (s)	PARTICULARS OF CERTIFICATE	EXPIRATION DATE

9 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.

 Signature over Printed Name of Applicant /
 or Authorized Representative

 Date

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: _____

DOCUMENTARY REQUIREMENTS FOR SUBMISSION

NEW

- 1 Duly Accomplished Form
- 2 Copy of Construction Permit (If Applicable)
- 3 Copy of Business Permit/DTI/SEC Registration
- 4 Copy of Permit to Possess

RENEWAL

- 1 Duly Accomplished Form
- 2 Original copy of License to be renewed

ORDER OF PAYMENT	
	AMOUNT
1. RADIO STATION LICENSE FEE	
2. FILLING FEE	
4. CONSTRUCTION PERMIT FEE	
5. INSPECTION FEE	
14. SURCHARGE	
DST	
OTHERS	
TOTAL:	

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