



## APPLICATION FOR MODIFICATION OF 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

1 APPLICANT/ LICENSEE	:	_____	
2 BUSINESS ADDRESS	:	_____	
3 RSL NUMBER	:	_____	VALIDITY : _____
4 CALL SIGN	:	_____	
<b><u>AUTHORIZED PARTICULARS</u></b>			
5 STATION CALLSIGN	:	_____	_____
6 CLASS OF STATION	:	_____	_____
7 HOURS OF OPERATION	:	_____	_____
8 LOCATION OF RADIO STATION	:	_____	_____
9 COORDINATE			
LONGITUDE	:	_____	_____
LATITUDE	:	_____	_____
10 FREQUENCY(IES)	:	_____	_____
11 TYPE OF EMISSION	:	_____	_____
12 BANDWIDTH	:	_____	_____
13 DIRECTIVITY ANTENNA	:	_____	_____
14 RADIO EQUIPMENT	:		
MAKE/TYPER MODEL	:	_____	_____
SERIAL NUMBER	:	_____	_____
POWER OUTPUT	:	_____	_____
CAPACITY	:	_____	_____
15 SERVICE AREA/ POINT OF COMMUNICATION:			
16 OWNERSHIP	:	_____	_____
17 OTHER INFORMATION	:	_____	_____
18 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**

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED

Revision No.: \_\_\_\_\_  
 Revision Date: \_\_\_\_\_

**DOCUMENTARY REQUIREMENTS FOR SUBMISSION :**



- 1 Duly Accomplished Form
- 2 Copy of Station License to be modified.

Application for Modification of Radio Station License

1. Name of Applicant: \_\_\_\_\_

2. Name of Station: \_\_\_\_\_

3. Class of Station: \_\_\_\_\_

4. Frequency: \_\_\_\_\_

5. Power: \_\_\_\_\_

6. Location: \_\_\_\_\_

7. Purpose of Modification: \_\_\_\_\_

8. Date of Submission: \_\_\_\_\_

9. Signature of Applicant: \_\_\_\_\_

10. Signature of Station Manager: \_\_\_\_\_

11. Signature of NTC Representative: \_\_\_\_\_

12. Date of Decision: \_\_\_\_\_

13. Remarks: \_\_\_\_\_

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NTC REGIONAL OFFICE NO.: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_