



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



Republic of the Philippines
NATIONAL TELECOMMUNICATIONS COMMISSION
1501 Alabang Road, Alabang, Muntinlupa City

APPLICATION FOR

- RADIO COMMUNICATIONS EQUIPMENT DEALER (REDR)
- RADIO COMMUNICATIONS EQUIPMENT MANUFACTURER (REMR)
- RADIO COMMUNICATIONS EQUIPMENT SERVICE CENTER (RESC)

INSTRUCTIONS: This application form is to be filled out by the applicant and submitted to the NTC Regional Office. It should be filled out in full and in accordance with the instructions below.

1. NAME OF APPLICANT: _____

2. TYPE OF APPLICANT: INDIVIDUAL CORPORATION PARTNERSHIP OTHER _____

3. BUSINESS ADDRESS: _____

4. CONTACT PERSON: _____

5. TELEPHONE NO.: _____

6. FAX NO.: _____

7. PERSONNEL REQUIRED: _____

8. CAPITALIZATION: _____

9. FINANCIAL STATEMENT: _____

10. OTHER INFORMATION: _____

11. STATEMENT OF WORKS: _____

12. STATEMENT OF FINANCIAL STATEMENT: _____

13. STATEMENT OF CAPITALIZATION: _____

14. STATEMENT OF FINANCIAL STATEMENT: _____

15. STATEMENT OF FINANCIAL STATEMENT: _____

16. STATEMENT OF FINANCIAL STATEMENT: _____

17. STATEMENT OF FINANCIAL STATEMENT: _____

18. STATEMENT OF FINANCIAL STATEMENT: _____

19. STATEMENT OF FINANCIAL STATEMENT: _____

20. STATEMENT OF FINANCIAL STATEMENT: _____

21. STATEMENT OF FINANCIAL STATEMENT: _____

22. STATEMENT OF FINANCIAL STATEMENT: _____

23. STATEMENT OF FINANCIAL STATEMENT: _____

24. STATEMENT OF FINANCIAL STATEMENT: _____

25. STATEMENT OF FINANCIAL STATEMENT: _____

26. STATEMENT OF FINANCIAL STATEMENT: _____

NTC REGIONAL OFFICE NO.: _____

Office Address: _____

Contact No.: _____

Fax No.: _____

E-mail Address: _____

