



APPLICATION FOR AIRCRAFT 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: New Ren NUMBER OF YEARS: One Two Three

- 1 APPLICANT : _____
 2 BUSINESS ADDRESS : _____
 3 CONTACT NO (s) : _____ EMAIL ADD. : _____
 4 STATION LICENSE NO. : _____ VALIDITY : _____ (If Applicable)
 5 TYPE OF AIRCRAFT : _____ AIRCRAFT REGISTRATION NO: _____
 6 CALL SIGN : _____
 9 PARTICULARS TRANSCEIVER EQUIPMENT(S)/STATION: (Use separate sheets if necessary)

Make/Type/Model			
Serial Number			
RF Power Output			
Make/Type/Model			
Serial Number			
RF Power Output			
Make/Type/Model			
Serial Number			
RF Power Output			

10	NAME OF OPERATOR (s)	PARTICULARS OF CERTIFICATE	EXPIRATION DATE

11 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 Application for Permit to Possess/Construct
- 3 Radio Electronic and Instrument Inspection Report of the aircraft.
- 4 Certificate of Registration issued by the Civil Aviation Authority of the Philippines.
- 5 Valid Restricted Radio Operator's Certificate of Pilot with Certificate of Employment.
- 6 Copy of Certificate of Airworthiness
- 7 Frequency Clearance for Fixed Aeronautical Station

RENEWAL

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

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