



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 :**

a. Supervising Engineer (s):	a. Technician (s) (1PHN/ 1RTG)
Name : _____	_____
PECE No. : _____	_____
Expiration Date : _____	_____
PTR No. : _____	_____
Date Issued : _____	_____

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

NTC REGIONAL OFFICE NO.: _____

Office Address: _____

Contact No.: _____

Fax No.: _____

E-mail Address: _____