

**NATIONAL TELECOMMUNICATIONS COMMISSION**  
**Statement of Account**

To: The Accountant:

No: \_\_\_\_\_  
(RC Code - Year of Issue- Mo.- Series of the RC)

Please issue Order of Payment in favor of  
for payment of the fees indicated below:

Date: \_\_\_\_\_

NEW	MOD	CO	MA
REN	DUP	CV	ROC
OTHERS _____	MS	OTHERS _____	

Code	Description	Particular:				Particular:				Particular:				SUB-TOTAL
		Period Covered:				Period Covered:				Period Covered:				
		No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	
FOR LICENSES														
4-02-01-010	Permit to Purchase													
4-02-01-130	Filing Fee													
4-02-01-010	Permit to Possess/Storage													
4-02-01-010	Construction Permit Fee													
4-02-01-060	Radio Station License													
4-02-01-100	Inspection Fee													
4-02-01-080	Spectrum User's Fee (SUF)													
	Fines/Penalties/Surcharges													
	Radio Station License													
4-02-01-140	Spectrum User's Fee (SUF)													
FOR PERMITS														
4-02-01-010	Permit Fees													
4-02-01-100	Inspection Fee													
4-02-01-130	Filing fee													
4-02-01-140	Fines/Penalties/Surcharges													
FOR AMATEUR AND ROC														
4-02-01-060	Radio Station License													
4-02-01-060	Radio operator's Cert													
4-02-01-130	Application Fee													
	4-02-01-040 Seminar Fee													
	Fines/Penalties/Surcharges/													
	Radio Station License Radio													
4-02-01-140	Operator's Cert.													
4-02-01-080	Permit to Purchase													
OTHER APPLICATION														
4-02-01-020	Registration Fee													
	Supervision & Regulation													
4-02-01-070	Fee													
4-02-01-040	Verification/Authentication													
4-02-01-030	Examination Fee													
4-02-01-040	Clearance/Certification Fee													
4-02-01-060	Modification Fee													
	Miscellaneous Income													
4-02-01-990	(DUPLICATE)													
	Documentary Stamp Tax													
4-02-01-010	(DST)													
Others														
TOTAL														

Note: To be paid on or before \_\_\_\_\_ otherwise subject to reassessment

For Assessment only

Endorsed for Payment

REMARK/S

<b>O.R.</b>	No.	
	AMOUNT:	
	Date:	
	By:	

PREPARED BY:

APPROVED BY:

\_\_\_\_\_

\_\_\_\_\_