

FormNo. NTC 1-09
Revision No. 03
Revision Date 03/31/2023

APPLIC	CATION FOR PERM	MIT TO PURCHA	SE/POSSESS	/SELL/TR	ANSFER		
INSTRUCTIONS:							
(1) Accomplish this a	application form properly	y, in ALL CAPS, hand	dwritten or compu	iter-printed.			
(2) Attach the compl	lete requirements includ	ling supporting docur	nents. For the Lis	st of requirer	nents,		
please refer to th	ne NTC Citizen's Charte	er at the NTC websit	e: ntc.gov.ph				
(3) Check (√) appro	priate box. Indicate "N/A	A" for items not applic	cable.				
TYPE OF APPLICATION		TYPE OF RADIO SE	:RVICE				
PURCHASE		FIXED AND LAND MOBILE			BROADCAST		
POSSESS		AERONAUTICAL			AMATEUR		
SELL/TRANSFER			MARITIME		OTHERS, specify		
OLLE TIVING EX		WARTINE			OTTIERO,	specify	
NATURE OF SERVICE	F	CLASS OF STATIO	N (Indicate numb	er of units i	in the box)		
CV (PRIVATE)		RT ML		FC		Ттс	
CO (GOVER	,	FX	P	FA		OTHERS, specify	
,	CORRESPONDENCE)	FB	BC	MA		OTTIETO, opcomy	
	- CONNECT ONDERIOR			IVII (
APPLICANT'S DETAILS							
Applicant CPC/CPCN/PA/RSL No.			Validity (mm/dd/	(101)			
Unit/Rm/Bldg No.			Street				
Barangay			City/Municipality	v			
Province			Zip Code				
Contact Number			Email Address				
PARTICULARS OF PROPO	SED STATION/EQUIP	MENT (FOR MULTIPL	E STATIONS/EQUII	PMENT, USE	FORM C)		
Exact Location			Make/Type/Mode				
Longitude (deg-min-sec)			Serial Number				
Latitude (deg-min-sec)			Bandwidth & En		n		
Points of Comm/Service Area			Power Output				
Frequency			Frequenc	y Range			
SOURCE OF EQUIPMENT							
Name of Dealer			OR/Invoid	ce No.			
Authorized Seller/Buyer			Permit/RS	SL No.			
NTENDED USE OF EQUIP	MENT						
New Radio Station Additional Equ		pment					
Additional Radio Station		Storage at:					
Change of Equipment		Others, specify	′				
DECLARATION							
hereby declare that all the aboum inisrepresentation(s) made in the the permit issued/granted. Furth Act No. 10713, Data Privacy Act	is application form that ma er, I am freely giving full co	ny serve as a valid grou	nd for the denial of	this applicatio	n and/or canc	cellation/revocation of	

Signature over Printed Name of Applicant /
Duly Authorized Signatory/Representative

OR NO.:
DATE: _____, 20 ____
AMOUNT: _____
Collecting Officer

Date Accomplished

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED