NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Acc	ountant:		Sample Business											
io. The Acc		No: (RC Code - Year of Issue- Mo Series of the											C)	
Please issue Order of Payment in favor of for payment of the fees indicated below: Date:														
tor payment									_				•	
		NEW	⊢	MOD				со		\sqcup	MA			
		REN	⊢	DUP			닏	CV		⊢	ROC			
			L	OTHERS			. ⊔	MS		Ш	OTHERS	·		-
Particular:					Particular:				Particular:					
Code	Description	Period Covered: 1 Year			Period Covered:				Period Co	vered:			SUB-	
Code	Description	No. of	%	No. of	Fees	No. of	%	No. of	Fees	No. of	%	No. of	Fees	TOTAL
		Years	/0	Units	rees	Years	/*	Units	rees	Years	/0	Units	rees	ļ
	FOR LICENSES													0.00
4-02-01-010	Permit to Purchase											-		60.00
4-02-01-130	Filing Fee					-						1		0.00
4-02-01-010	Permit to Possess/Storage													0.00
4-02-01-010	Construction Permit Fee													
4-02-01-060	Radio Station License											-		0.00
4-02-01-100	Inspection Fee						_					-		0.00
4-02-01-080	Spectrum User's Fee (SUF)	-												0.00
	Fines/Penalties/Surcharges Radio Station License													0.00
4-02-01-140	Spectrum User's Fee (SUF)													
	FOR PERMITS													
4-02-01-010	Permit Fees													0.00
	Inspection Fee													0.00
	Fillling fee													0.00
	Fines/Penalties/Surcharges													0.00
	AMATEUR AND ROC					i								
4-02-01-060	Radio Station License													120.00
	Radio operator's Cert													60.00
	Application Fee													
4-02-01-040	Seminar Fee													
1 02 01 010	Fines/Penalties/Surcharges/													0.00
	Radio Station License Radio													
4-02-01-140	Operator's Cert.											-		
4-02-01-080	Permit to Purchase					-								0.00
	HER APPLICATION	-												
4-02-01-020	Registration Fee													0.00
4-02-01-070	Supervision & Regulation													0.00
4-02-01-070 4-02-01-040														0.00
						_								0.00
4-02-01-030	Examination Fee											_		0.00
4-02-01-040	Clearance/Certification Fee													0.00
4-02-01-060	Modification Fee Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE)													0.00
4-02-01-010	Documentary Stamp Tax (DST)													30.00
17.02.01.010.	(DST) Others (ADMIN FINES)													0.00
	TOTAL													270.00
		Note:	To be	naid on or	hefore			TO	DAY	otherwis	e subjec	t to reass	occment	
Note: To be paid on or before														
			П	r Assessme	nt only					П	dorcad	for Payme	nt	
REMARK/S			∟ F0	~>>C>>III	ant Only						iuoi seu	o rayille		
	ional sheets, if necessary to	show dot	n halic	mnutatio	,									
	should be made in CASH, MA					VND DD v	ET Passa	hla to MI	TC-12 EA	RIIPEATT	OF TRE	SLIBA		
							u i raya	יייוב נו ואו	C-13 FAI	DOVEAU	OF IRE	JUNT,		
3. PLEASE ATTACH 1x1 ID PICTURE UPON APPLICATION FOR NEW/RENEWAL														

LIST OF NAMES:

PLEASE SEE ATTACHED NAMES AT THE BACK

PREPARED BY:	APPROVED BY: