NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

Statement of Account

To: The Accountant:				Mario candelario L. Magada (RC C					(RC Cod	No: ode - Year of Issue- Mo Series of the RC)				
	Order of Payment in favor										Date:			_
		NEW REN		MOD DUP OTHERS				CO CV MS			MA ROC OTHERS	s		-
		Particula	ar. D/D/	OS-ROX-12	20.224	Particula	ar.			Particula	ır.			
					30°23A								1 !	
code Description			eriod Covered: 1 Year				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	TOTAL
	FOR LICENSES	icars		Offics		icais		Onics		icais		Onics		i
4-02-01-010	Permit to Purchase	1												0.00
4-02-01-130		1												0.00
4-02-01-010	Permit to Possess/Storage													120.00
	Construction Permit Fee	1												0.00
4-02-01-060														0.00
4-02-01-100	Inspection Fee													0.00
4-02-01-080	Spectrum User's Fee (SUF)													0.00
4-02-01-140	Fines/Penalties/Surcharges Radio Station License Spectrum User's Fee (SUF)													0.00
4 02 01 140	FOR PERMITS	1												
4-02-01-010	Permit Fees	1												0.00
4-02-01-100	Inspection Fee													0.00
	Fillling fee													360.00
4-02-01-140		1												0.00
FOR	AMATEUR AND ROC													
4-02-01-060	Radio Station License													0.00
4-02-01-060	Radio operator's Cert													0.00
4-02-01-130	Application Fee													
4-02-01-040	Seminar Fee													
4-02-01-140	Fines/Penalties/Surcharges/ Radio Station License Radio Operator's Cert.													0.00
4-02-01-080	Permit to Purchase	1												0.00
ОТ	HER APPLICATION													
4-02-01-020	Registration Fee													0.00
4-02-01-070	Supervision & Regulation Fee													0.00
4-02-01-040		1												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													0.00
	Miscellaneous Income	1												0.00
4-02-01-990	(DUPLICATE) Documentary Stamp Tax			-	-	<u> </u>	_	-		 	-	+		30.00
4-02-01-010		1								1				30.00
	Others													0.00
	TOTAL	Ĺ												510.00
Note: To be paid on or before 06/27/2025 otherwise subject to reassessment For Assessment only REMARK/S 1. Use additional sheets, if necessary to show detailed computation														
2. Payment	should be made in CASH, M	ANAGER'S	/CASHI	ER's CHEC	K. DEM	AND DRA	FT Paya	ble to N	rc-13 FA	O BUREAU	OF TREA	ASURY,		

3. PLEASE ATTACH 1x1 ID PICTURE UPON APPLICATION FOR NEW/RENEWAL

REPARED BY:		APPROVED BY:	
	Evaluator Edge		