



Republic of the Philippines
NATIONAL TELECOMMUNICATIONS COMMISSION
BIR Road, East Triangle, Diliman, Quezon City

Form No. **NTC 1-18**
Revision No. **02**
Revision Date **03/31/2023**

APPLICATION FOR DEALER/MANUFACTURER/SERVICE CENTER/RETAILER/RESELLER PERMIT/ CPE SUPPLIER ACCREDITATION

INSTRUCTIONS:

- (1) Accomplish this application form properly, in ALL CAPS, handwritten or computer-printed.
- (2) Attach the complete requirements including supporting documents. For the List of requirements, please refer to the **NTC Citizen's Charter** at the NTC website: ntc.gov.ph
- (3) Check (✓) appropriate box. Indicate "N/A" for items not applicable.

TYPE OF APPLICATION

<input type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL
<input type="checkbox"/>	MODIFICATION due to

<input type="checkbox"/>	Radio Communications Equipment (RCE)
<input type="checkbox"/>	Dealer
<input type="checkbox"/>	Radio Transmitter/Transceiver
<input type="checkbox"/>	WDN Indoor/SRD/RFID
<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Service Center
<input type="checkbox"/>	Mobile Phone
<input type="checkbox"/>	Dealer (MPDP)
<input type="checkbox"/>	Retailer/Reseller (MPRR)
<input type="checkbox"/>	Service Center (MPSCP)
<input type="checkbox"/>	Customer Premises Equipment (CPE) Supplier Accreditation

APPLICANT'S DETAILS

Applicant*			
*Business name appearing in the SEC/DTI Registration or Business/Mayor's Permit			
Type of Entity	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Single Proprietorship	<input type="checkbox"/> Others, specify	
Permit No.		Validity (mm/dd/yy)	
Unit/Rm/Bldg No.		Street	
Barangay		City/Municipality	
Province		Zip Code	
Contact Number		Email Address	

PERSONNEL REQUIRED (Not Applicable for WDN Indoor/SRD/RFID and Mobile Phone)

Supervising Engineer		Technician	
Name		Name	
PECE/ECE No.		Certificate/ECT No.	
Validity (mm/dd/yy)		Validity (mm/dd/yy)	

DECLARATION

I hereby declare that all the above entries are true and correct. Under the Revised Penal Code, I shall be held liable for any willful false statement(s) or misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revocation of the permit issued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Act No. 10713, Data Privacy Act of 2012.

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

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