

NATIONAL TELECOMMUNICATIONS COMMISSION
Statement of Account

USTP

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
☒ REN

☐ MOD
☐ DUP
☐ OTHERS _____

☐ CO
☐ CV
☐ MS

☐ MA
☐ ROC
☐ OTHERS _____

Code	Description	Particular:				Particular:				Particular:				SUB-TOTAL
		Period Covered: Years				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	Filling 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 (ADMIN FINES)													
TOTAL														

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

☐ For Assessment only

☐ Endorsed for Payment

REMARK/S

1. Use additional sheets, if necessary to show detailed computation
2. Payment should be made in CASH, MANAGER'S/CASHIER'S CHECK. DEMAND DRAFT Payable to NTC-13 FAO BUREAU OF TREASURY,
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: _____