

Republic of the Philippines

NATIONAL TELECOMMUNICATIONS COMMISSION

BIR Road, East Triangle, Diliman, Quezon City

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

APPLICATION FOR PERMIT TO PURCHASE/POSSESS/SELL/TRANSFER

	Accomplish this a	pplication form properly, i	n ALL CAPS, handy	ritten or con	nputer-print	ted.			
		ete requirements including					nts.		
		e NTC Citizen's Charter							
(3)		oriate box. Indicate "N/A"							
-									
TYP	E OF APPLICATION	ON TY	PE OF RADIO SER						
PURCHASE			FIXED AND LAND MOBILE				BROADCAST		
POSSESS			AERONAUTICAL				AMATEUR		
	SELL/TRANS	MARITIME	MARITIME			OTHERS, s	specify		
NAT	URE OF SERVICE	CI	ASS OF STATION	(Indicate nu	mber of u	nits in	the box)		
✓ CV (PRIVATE)		E)	RT '	ML		FC		тс	
CO (GOVERNA		NMENT)	FX	Р		FA		OTHERS, sp	ecify
	CP (PUBLIC	CORRESPONDENCE)	FB	вс		MA			
APPLICAL	NT'S DETAILS								
Applicant		SCOTTIE INC.							
CPC/CPCN/PA/RSL No.			Validity (mm/dd/)						
Unit/Rm/Bldg No.		ATLANTIC HARDWARE		Street		ALBA	LBAÑO COR. LOPEZ JAEN		ENA
Barangay		SUBANGDAKU		City/Municipality			MANDAUE CITY		
Province		CEBU		Zip Code		6014			
Contact Number :		346-2665			Email Address		scottieinc11105@gmail.cor		om
PARTICU	LARS OF PROPO	SED STATION/EQUIPME	NT (FOR MULTIPLE	STATIONS/E	QUIPMENT,	USE FO	ORM C)		In the second
Exact Location				Make/Type/Mo		el	CIGNUS UV-86		
Longitude	(deg-min-sec)				Serial Number		"SEE ATTACHED FILE"		
Latitude (d	(eg-min-sec)			Bandwidth & I					
Points of (Comm/Service Are	а	Power Output						
Frequency				Frequ	Frequency Range				
-	OF EQUIPMENT								
Name of Dealer CEBUCOMM ELEC			RONICS CENTE						
Authorized Seller/Buyer				Permit/RSL		No.			
INTENDE	D USE OF EQUIP	MENT			-				
V	✓ New Radio Station		Additional Equipment						
	Additional Radio	Station	Storage at:						
	Change of Equipment		Others, specify	Others, specify					
DECLAR									
misreprese the permit	ntation(s) made in th	ve entries are true and corrections application form that may ber, I am freely owing full control of 2012.	serve as a valid groun	d for the denia	of this app	lication	and/or canc	ellation/revoca	ation of
		0	10				· · · · · · · · · · · · · · · · · · ·		
L	Signati	ARNEL R. SAPUTAL ure over Printed Name of	the state of the s		AMOUNT	DATE		. 20	
		Authorized Signatory/Repr			AMOUNT	Andrew Contraction	not the second	1	
				1	Total Control	College	ling Office	i	
		Date Accomplished				Collec	ting Officer		