NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant: No: (RC Code - Year of Issue- Mo- Series of the RC)									r)					
	Order of Payment in favor o								(NC COU	e - Tear or		io. Series	or the it	-,
for payment	of the fees indicated below	:									Date:			-
		NEW		MOD				со			MA			
	✓	REN		DUP				CV			ROC			
	_			OTHERS				MS		П	OTHERS			
							. –			_				-
		Particula	ar: AT-F	RSL-ROIII-1	002-25	Particul	ar:			Particula	r:			
	Period Co				Period Covered:				Period Covered:				İ	
Code		T T											SUB-	
		No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	TOTAL
	FOR LICENSES	rears		Units		rears		Units		rears		Units		ł
4 00 04 040		-										1		0.00
4-02-01-010	Permit to Purchase											+		0.00
4-02-01-130	Filing Fee	-								-		_		0.00
4-02-01-010	Permit to Possess/Storage	-				-								0.00
4-02-01-010	Construction Permit Fee											_		120.00
4-02-01-060	Radio Station License											_		
4-02-01-100	Inspection Fee					-				-		-		0.00
4-02-01-080	Spectrum User's Fee (SUF) Fines/Penalties/Surcharges													0.00
	Radio Station License													0.00
4-02-01-140														
	FOR PERMITS													
4-02-01-010	Permit Fees													0.00
4-02-01-100	Inspection Fee													0.00
4-02-01-130	Fillling fee													0.00
4-02-01-140	Fines/Penalties/Surcharges													0.00
	AMATEUR AND ROC													
4-02-01-060	Radio Station License													0.00
4-02-01-060														60.00
4-02-01-130	Application Fee													
4-02-01-040	Seminar Fee													
	Fines/Penalties/Surcharges/													60.00
4-02-01-140	Radio Station License Radio Operator's Cert.													
4-02-01-080	Permit to Purchase													0.00
	HER APPLICATION													
4-02-01-020	Registration Fee													0.00
	Supervision & Regulation													0.00
4-02-01-070	Fee													
4-02-01-040	Verification/Authentication													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
4 02 01 000	Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE) Documentary Stamp Tax					<u> </u>								30.00
4-02-01-010	(DST)													
	Others													0.00
	TOTAL													270.00
		Note:	To be p	oaid on or	before			06/16/2	2025	otherwis	e subjec	t to reass	essment	
			_							_				
			For	Assessme	ent only	•				Er	dorsed f	or Payme	ent	
REMARK/S														
	ional sheets, if necessary to													
	should be made in CASH, MA						FT Paya	ble to N	TC-13 FA	O BUREAU	OF TREA	SURY,		
3. PLEASE ATTACH 1x1 ID PICTURE UPON APPLICATION FOR NEW/RENEWAL														

PREPARED BY:	APPROVED BY:
evaluator3 edge	