



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

Form No. NTC 1-07  
 Revision No. 02  
 Revision Date 03/31/2023

**APPLICATION FOR CERTIFICATE OF  
 RECOGNITION AS ACCOUNTING AUTHORITY  
 AUTHORIZATION AS POINT OF SERVICE ACTIVATION ENTITY  
 ACCREDITATION AS SHORE-BASED MAINTENANCE ENTITY**

**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](http://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"/>	

**TYPE OF CERTIFICATE**

<input type="checkbox"/>	RECOGNITION AS ACCOUNTING AUTHORITY (AA)
<input type="checkbox"/>	AUTHORIZATION AS POINT OF SERVICE ACTIVATION (PSA) ENTITY
<input type="checkbox"/>	ACCREDITATION AS SHORE-BASED MAINTENANCE ENTITY (SBME)

**APPLICANT'S DETAILS**

Applicant			
Certificate No.		Validity (mm/dd/yy)	
Unit/Rm/Bldg No.		Street	
Barangay		City/Municipality	
Province		Zip Code	
Contact Number		Email Address	

**PERSONNEL REQUIRED (For SBME)**

**Supervising Engineer**

Name		PTR No.	
PECE/ECE No.		Validity (mm/dd/yy)	

**Technician**

Name			
REC Cert. No.		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

<b>OR</b>	NO.:	<input type="text"/>
	DATE:	<input type="text"/> , 20 <input type="text"/>
	AMOUNT:	<input type="text"/>
		<input type="text"/>
Collecting Officer		