



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

Form No. NTC 1-16  
 Revision No. 02  
 Revision Date 03/31/2023

**APPLICATION FOR PERMIT TO TRANSPORT RADIO TRANSMITTER(S)/TRANSCEIVER(S)**

**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.

Place of origin

Destination

Purpose

**APPLICANT'S DETAILS**

Applicant	<input type="text"/>		
Permit/RSL No.	<input type="text"/>	Validity (mm/dd/yy)	<input type="text"/>
Unit/Rm/Bldg No.	<input type="text"/>	Street	<input type="text"/>
Barangay	<input type="text"/>	City/Municipality	<input type="text"/>
Province	<input type="text"/>	Zip Code	<input type="text"/>
Contact Number	<input type="text"/>	Email Address	<input type="text"/>

**PARTICULARS OF PROPOSED EQUIPMENT** (Use separate sheet/s, if necessary)

	Equipment	Equipment	Equipment
Make/Type/Model	<input type="text"/>	<input type="text"/>	<input type="text"/>
Serial No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Make/Type/Model	<input type="text"/>	<input type="text"/>	<input type="text"/>
Serial No.	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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

**FOR NTC PURPOSES ONLY**

Date Issued \_\_\_\_\_

Permit No. \_\_\_\_\_

This **PERMIT** shall be valid for a period of fifteen (15) days from the date of issuance.

**FOR THE COMMISSION**

**Note: This PERMIT is valid only when the payment of the required fees is included.**