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

Form No.	**NTC 1-18**
Revision No.	**02**
Revision Date	**03/31/2023**

APPLICATION FOR DEALER/MANUFACTURER/SERVICE CENTER/RETAILER/RESELLER PERMIT/ CPE SUPPLIER ACCREDITATION

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**

(3) Check (✔) appropriate box. Indicate "N/A" for items not applicable.

TYPE OF APPLICATION

☐ NEW

☐ RENEWAL

☐ MODIFICATION due to
☐

☐ **Radio Communications Equipment (RCE)**
   ☐ Dealer
      ☐ Radio Transmitter/Transceiver
      ☐ WDN Indoor/SRD/RFID
   ☐ Manufacturer
   ☐ Service Center

☐ **Mobile Phone**
   ☐ Dealer (MPDP)
   ☐ Retailer/Reseller (MPRR)
   ☐ Service Center (MPSCP)

☐ **Customer Premises Equipment (CPE) Supplier Accreditation**

APPLICANT'S DETAILS

Applicant*	

Business name appearing in the SEC/DTI Registration or Business/Mayor's Permit

Type of Entity	☐ Corporation		☐ Partnership	
	☐ Single Proprietorship		☐ Others, *specify*	
Permit No.		Validity (mm/dd/yy)		
Unit/Rm/Bldg No.		Street		
Barangay		City/Municipality		
Province		Zip Code		
Contact Number		Email Address		

PERSONNEL REQUIRED (Not Applicable for WDN Indoor/SRD/RFID and Mobile Phone)

Supervising Engineer		Technician	
Name		Name	
PECE/ECE No.		Certificate/ECT No.	
Validity (mm/dd/yy)		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

OR NO.: _____
DATE: _____, 20_____
AMOUNT: _____
_____
Collecting Officer

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED