



**APPLICATION FOR CERTIFICATE OF REGISTRATION**

**INSTRUCTIONS:**

- Accomplish this application form properly, in ALL CAPS, handwritten or computer-printed.
- 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)
- Check (✓) appropriate box. Indicate "N/A" for items not applicable.

<input type="checkbox"/> NEW	<input type="checkbox"/> VALUE-ADDED SERVICE (VAS) PROVIDER
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> PUBLIC CALLING STATION/OFFICE / TELECENTER SERVICE PROVIDER (PCSOTSP)
<input type="checkbox"/> MODIFICATION due to <input type="text"/>	<input type="checkbox"/> VOICE OVER INTERNET PROTOCOL (VOIP) PROVIDER
	<input type="checkbox"/> RESELLER

**APPLICANT'S DETAILS**

Applicant <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"/>
Type of Entity <input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Single Proprietorship	<input type="checkbox"/> Others, specify <input type="text"/>
CPCN/PA/CA No. <input type="text"/>	Validity (mm/dd/yy) <input type="text"/>
COR No. <input type="text"/>	Validity (mm/dd/yy) <input type="text"/>

Is applicant known by another name?

Yes, indicate former name

No

List of Value Added Services (Use separate sheet/s, if necessary)

<input type="checkbox"/> Messaging service	<input type="checkbox"/> Content and Program service
<input type="checkbox"/> Audio conferencing	<input type="checkbox"/> Audiotext service
<input type="checkbox"/> Audio and Video Conferencing	<input type="checkbox"/> Facsimile service
<input type="checkbox"/> Voice mail service	<input type="checkbox"/> Virtual Private Network service
<input type="checkbox"/> Electronic mail service	<input type="checkbox"/> Hosting service
<input type="checkbox"/> Information service	<input type="checkbox"/> Electronic Gaming Services, except gambling
<input type="checkbox"/> Application service	<input type="checkbox"/> Others, specify <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