



**APPLICATION FOR TVRO REGISTRATION CERTIFICATE/
 TVRO STATION LICENSE/CATV STATION LICENSE**

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
- Check (✓) appropriate box. Indicate "N/A" for items not applicable.

TYPE OF APPLICATION

NEW
 RENEWAL
 Modification, use Form B

TYPE OF LICENSE/CERTIFICATE

TVRO REGISTRATION CERTIFICATE
 TVRO STATION LICENSE
 CATV STATION LICENSE

CLASSIFICATION OF APPLICANT

COMMERCIAL
 NON-COMMERCIAL

BROADCASTING
 CATV
 OTHERS, specify

NO. OF YEARS

APPLICANT'S DETAILS

Applicant			
Unit/Rm/Bldg No.		Street	
Barangay		City/Municipality	
Province		Zip Code	
Contact Number		Email Address	
PA /CA No.		Validity (mm/dd/yy)	
Service Area			
Exact Location of TVRO System		Longitude (deg-min-sec)	
		Latitude (deg-min-sec)	

PARTICULARS OF EQUIPMENT (FOR MULTIPLE EQUIPMENT, USE FORM G)

	LNA/LNB	RECEIVERS	COMBINER(s)	MODULATORS
Make/Type/Model				
Serial No.				
Frequency Range				

PARTICULARS OF ANTENNA SYSTEM (FOR MULTIPLE ANTENNA, USE FORM G)

Make/Type/Model		Polarization	
Dish Diameter		Azimuth	

PARTICULARS OF SIGNAL TO BE RECEIVED (FOR MULTIPLE SIGNAL, USE FORM G)

Satellite		Polarization	
Received Frequency		Name of Programs	

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