



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

Form No. NTC 1-07
 Revision No. 01
 Revision Date 03/31/2021

**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 2021 Second Edition** at NTC website: www.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

OR	NO.:	<input style="width: 100%;" type="text"/>
	DATE:	<input style="width: 100%;" type="text"/> , 20 <input style="width: 50px;" type="text"/>
AMOUNT:		<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
		Collecting Officer