



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

Form No. NTC 1-18  
 Revision No. 01  
 Revision Date 03/31/2021

**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 2021 Second Edition** at NTC website: [www.ntc.gov.ph](http://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"/>	

<input type="checkbox"/>	<b>Radio Communications Equipment (RCE)</b>
<input type="checkbox"/>	Dealer
<input type="checkbox"/>	Radio Transmitter/Transceiver
<input type="checkbox"/>	WDN Indoor/SRD/RFID
<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Service Center
<input type="checkbox"/>	<b>Mobile Phone</b>
<input type="checkbox"/>	Dealer (MPDP)
<input type="checkbox"/>	Retailer/Reseller (MPRR)
<input type="checkbox"/>	Service Center (MPSCP)
<input type="checkbox"/>	<b>Customer Premises Equipment (CPE) Supplier Accreditation</b>

**APPLICANT'S DETAILS**

Applicant*				
<i>*Business name appearing in the SEC/DTI Registration or Business/Mayor's Permit</i>				
Type of Entity	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership
	<input type="checkbox"/>	Single Proprietorship	<input type="checkbox"/>	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