



**APPLICATION FOR REGISTRATION**  
**Radio Transmitter(s) /Transceiver(s)**  
**(AMNESTY)**

**INSTRUCTIONS:** All blanks must be filled up properly. Indicate "N/A" for items not applicable. Duly accomplished form must be submitted with required/supporting documents. Print all entries in block or CAPITAL LETTERS

- 1 **APPLICANT** : \_\_\_\_\_  
 2 **BUSINESS ADDRESS** : \_\_\_\_\_  
 3 **CONTACT NO(s)** : \_\_\_\_\_ **EMAIL ADD :** \_\_\_\_\_  
 4 **NUMBER OF UNITS** : \_\_\_\_\_  
 5 **PARTICULARS OF EQUIPMENT (s):**

	1st Unit	2nd Unit	3rd Unit	4th Unit
<b>Make</b>				
<b>Type/Model</b>				
<b>Serial Number</b>				
<b>BW &amp; Emission</b>				
<b>Frequency Range</b>				
<b>Power Output</b>				

\*Use additional Sheet if necessary

6 **THE EQUIPMENT WILL BE STORED AT THE ABOVE-MENTIONED ADDRESS.**

7 **TERMS AND CONDITIONS:**

- The equipment must be sealed and in no case shall be operated without the required specific authorization from the commission.
- This serves as a Permit to Possess the above listed radio transceivers and is just an evidence of registration of the equipment. It does not in any manner authorize its holder to install/operate the equipment indicated or described herein.
- This PERMIT is not valid without evidence of payment and the official seal of the Commission.

8 **CERTIFICATION**

**I HEREBY CERTIFY** that all above entries are true and correct and that I shall be held liable for any wilful false statements made in this application under the Revised Penal Code. Any false statement or misrepresentation made in connection with this application shall constitute a valid ground for the denial of this application and/or cancellation/revocation of the permit to be granted. I further certify that the above equipments are in conformity with the prescribed standards and existing Radio Laws and Regulation.

\_\_\_\_\_  
 Signature over Printed Name of Applicant /  
 or Authorized Representative

\_\_\_\_\_  
 Date

**PRESENTED FOR INSPECTION/VERIFICATION**

\_\_\_\_\_  
 Signature over printed name

By Authority of the Commission:

**DELILAH F. DELES**  
 Deputy Commissioner  
 Officer-in-Charge, NCR

<b>OR</b>	NO: _____
	DATE: _____, 20__
AMOUNT: _____	
_____ CASHIER	