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

Form No. ***NTC 1-17***
Revision No. ***02***
Revision Date ***03/31/2023***

APPLICATION FOR TYPE APPROVAL/ACCEPTANCE/ GRANT OF EQUIPMENT CONFORMITY CERTIFICATE

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*** at the NTC website: **ntc.gov.ph**
(3) Check (✓) appropriate box. Indicate "N/A" for items not applicable.

TYPE OF APPLICATION ☐ NEW ☐ MODIFICATION due to *(Use Form B)* _____

☐ **TYPE-APPROVAL CERTIFICATE FOR CUSTOMER PREMISES EQUIPMENT (CPE)**
- ☐ Corded Telephone
- ☐ Mobile Phone
- ☐ GPRS Vehicle Tracker
- ☐ Fax Machine
- ☐ Others, *specify* _____

☐ **TYPE-ACCEPTANCE CERTIFICATE FOR RADIO COMMUNICATIONS EQUIPMENT (RCE)**
- ☐ Short Range Device/RFID
- ☐ Land Mobile/Maritime/Aeronautical
- ☐ Microwave
- ☐ BTS (2G/3G/BWA)
- ☐ WDN
- ☐ Others, *specify* _____

☐ **GRANT OF EQUIPMENT CONFORMITY FOR CPE WITH BUILT-IN / INTEGRATED RADIO**
- ☐ Smart Phone with SRD
- ☐ GPON/EPON with SRD
- ☐ Laptop/Notebook PC with WWAN/SRD
- ☐ Cable Modem with SRD
- ☐ Others, *specify* _____

APPLICANT'S DETAILS

Applicant			
Unit/Rm/Bldg No.		Street	
Barangay		City/Municipality	
Province		Zip Code	
Contact Number		Email Address	
Address *(for foreign-based applicant)*			

EQUIPMENT/MANUFACTURER'S DETAILS

TRADE/BRAND NAME	
MODEL	
RF INTEGRATED MODULE/S	
MARKETING NAME	
MANUFACTURER	
MANUFACTURER'S ADDRESS	

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

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED