



# FILSCAP LICENSE APPLICATION FORM TERRESTRIAL TV

Date of Application \_\_\_\_\_

**COMPANY DETAILS:**

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

TIN Number \_\_\_\_\_

Representative \_\_\_\_\_

Designation \_\_\_\_\_

Mobile Number \_\_\_\_\_ Email Address \_\_\_\_\_

Signatory \_\_\_\_\_

Designation \_\_\_\_\_

**DETAILS FOR ASSESSMENT:**

**A. PARTICULARS**

Type  Commercial  Government-owned

Call Letters \_\_\_\_\_

Station Address \_\_\_\_\_

Days of Operation \_\_\_\_ Total Broadcast Hrs. Per Day \_\_\_\_ Sign On Time \_\_\_\_ Sign Off Time \_\_\_\_

**DETAILED LISTING OF PROGRAMS PER DAY**

Time	Program Title	Percentage of Music Use in Program

\*Use a separate sheet if necessary

Annual Gross Ad Revenue PHP \_\_\_\_\_

**B. TYPE OF BUSINESS**

Corporation  
Please list names of the following:

President \_\_\_\_\_

Vice-President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

General Manager \_\_\_\_\_

Partnership/Single Proprietorship  
Please list names of the following:

Partner \_\_\_\_\_

Partner \_\_\_\_\_

Partner \_\_\_\_\_

Individual Owner \_\_\_\_\_

Signature over Printed Name \_\_\_\_\_