



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 _____