



Office of the President of the Philippines  
**OPTICAL MEDIA BOARD**

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**PLEASE ACCOMPLISH ALL NECESSARY INFORMATION.**

## APPLICATION FOR REPLICATION PERMIT

APPLICATION NO.	BUSINESS NAME	TEL. NO/s					
DATE OF APPLICATION	BUSINESS ADDRESS	FAX NO/s					
OMB LICENSE NO.	NAME OF APPLICANT	POSITION					
LICENSE VALIDITY	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">SOURCE OF RIGHTS</td> <td style="width: 85%;">NAME</td> <td rowspan="2" style="width: 10%; text-align: center;">CONTRACT VALIDITY</td> </tr> <tr> <td></td> <td>ADDRESS</td> </tr> </table>	SOURCE OF RIGHTS	NAME	CONTRACT VALIDITY		ADDRESS	FROM:
SOURCE OF RIGHTS		NAME	CONTRACT VALIDITY				
	ADDRESS						
TYPE OF ACQUIRED LICENSE/S <input type="checkbox"/> PRODUCER/COPYRIGHT OWNER <input type="checkbox"/> LOCAL LICENSEE <input type="checkbox"/> IMPORTER <input type="checkbox"/> EXPORTER <input type="checkbox"/> OTHERS _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">AUTHORIZED REPRODUCER</td> <td style="width: 85%;">NAME</td> <td rowspan="2" style="width: 10%; text-align: center;">LICENSE PERIOD</td> </tr> <tr> <td></td> <td>ADDRESS</td> </tr> </table>	AUTHORIZED REPRODUCER	NAME	LICENSE PERIOD		ADDRESS	FROM:
		AUTHORIZED REPRODUCER	NAME		LICENSE PERIOD		
	ADDRESS						
		TO:					
		TO:					

**OPTICAL MEDIA INFORMATION**

VIDEO TITLE / MUSIC ALBUM / SOFTWARE					<b>CONTENT TYPE</b> <input type="checkbox"/> FILM / MOVIES <input type="checkbox"/> CARTOONS / ANIMATION <input type="checkbox"/> EDUCATIONAL / INSTRUCTIONAL <input type="checkbox"/> DOCUMENTARY <input type="checkbox"/> MUSIC <input type="checkbox"/> MUSIC / VIDEO / KARAOKE <input type="checkbox"/> APPLICATION SOFTWARE <input type="checkbox"/> GAMES SOFTWARE <input type="checkbox"/> OTHERS (SPECIFY) _____
ARTISTS/MAIN CAST					
AUTHOR/PRODUCER					
DIRECTOR/PUBLISHER/OTHER INFORMATION/S					
<b>TYPE OF APPLICATION</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NON-COMMERCIAL <input type="checkbox"/> OTHERS _____	FORMAT/S	QUANTITY	MTRCB RATING	LANGUAGE/S	

(USE ADDITIONAL SHEET IF NECESSARY)

**FOR MUSIC ALBUM:** INDICATE LIST OF SONGS & THE NAME OF RECORDING ARTIST/S

**FOR SOFTWARE:** DESCRIPTION OF THE SOFTWARE

**UNDERTAKING**

I HEREBY CERTIFY TO THE TRUTH AND CORRECTNESS OF THE ABOVE INFORMATION UNDER PAIN OF PERJURY.

I UNDERSTAND THAT ANY FALSE STATEMENT MAY BE A GROUND FOR DENIAL OF APPLICATION OR REVOCATION OF THE COMMERCIAL PERMIT AND/OR THE REGISTRATION AND LICENSE TO ENGAGE IN ANY OPTICAL MEDIA BUSINESS, AND/OR WILL BE SUBJECT TO THE PENAL AND ADMINISTRATIVE PROVISIONS OF R.A. 9239 AND ITS IMPLEMENTING RULES AND REGULATIONS.

\_\_\_\_\_

PRINTED NAME OVER SIGNATURE OF PERSON APPLYING

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_ AT \_\_\_\_\_

AFFIANT HAVING EXHIBITED TO ME HIS.HER RESIDENCE CERTIFICATE NO. \_\_\_\_\_ ISSUED AT \_\_\_\_\_ ON \_\_\_\_\_

DOC. NO. \_\_\_\_\_

PAGE NO. \_\_\_\_\_

BOOK NO. \_\_\_\_\_

SERIES OF 20 \_\_\_\_\_

\_\_\_\_\_

ADMINISTERING OFFICER/NOTARY PUBLIC

**FOR OMB USE ONLY PLS. DO NOT FILL UP THIS PORTION**

RECORDATION FEE	VERIFICATION FEE	PERMIT TO REPLICATE FEE	OTHERS
O.R. NO.	O.R. NO.	O.R. NO.	O.R. NO.
AMOUNT PAID	AMOUNT PAID	AMOUNT PAID	AMOUNT PAID
DATE	DATE	DATE	DATE

**NOTICE**

NON-SUBMISSION OR NON-COMPLETION OF THE REQUIREMENTS MAY RESULT IN THE DELAY OR DENIAL OF YOUR APPLICATION. THE OMB RESERVES THE RIGHT TO ASK FOR ADDITIONAL REQUIREMENTS AS NEEDED.