



Republic of the Philippines
ENERGY REGULATORY COMMISSION
San Miguel Avenue, Pasig City

**Instruction for Filing an Application for a
Certificate of Authority (CA) to Maintain a Meter Shop**

WHERE TO FILE?

The initial or renewal application forms, attachments and enclosures should be filed at:

For Luzon Applicants:

Meter Division, Consumer Affairs Service
Energy Regulatory Commission
12th Floor, Pacific Center Building
San Miguel Avenue, Pasig City

For Visayas Applicants:

ERC Visayas Field Office (ERC-VFO)
Saint Mary's Drive,
Banilad, Cebu City

For Mindanao Applicants:

ERC Mindanao Field Office (ERC-MFO)
Mintrade Building,
Monteverde Avenue corner Sales St.,
Davao City

For questions regarding the application form, please call:

ERC Main Office	(02) 687 5544
ERC VFO	(063) 906 289 3099
ERC MFO	(082) 227 2035

WHEN TO FILE?

New Meter Shops may submit an initial application at any time. Renewal applications are due at least ninety (90) days prior to expiration of the CA.

WHAT ARE THE FEES?

Application Fee of Three Thousand Pesos (PhP 3,000.00): to be paid upon filing of an application.

License Fee of Ten Thousand Pesos (PhP 10,000.00): to be paid upon the issuance of the CA.

To be attached is proof of payment of application fee.

GENERAL INSTRUCTIONS FOR COMPLETED APPLICATION FORM

The form, attachments and all enclosures should be submitted in two hard copies and one soft copy. All items in the form should be filled-up. If an item is not applicable, enter N/A in the space. Incomplete or incorrectly filled-up applications shall be returned.

ITEM A: CERTIFICATE NUMBER

For CA renewal, enter Certificate Number. For a new application, enter N/A.



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ITEM B: NAME OF METER SHOP (add attachment)

Enter Meter Shop's legal name. Specify **in parenthesis** if the Meter Shop is owned by a Third-Party or a consortium of Distribution Utilities (DUs).

Example: XYZ Meter Shop (Third-Party Test Facility)

To be submitted are evidence of business registration with applicable agencies.

ITEM C: BUSINESS ADDRESS

Enter the address where the Meter Shop shall be permanently located during the entire validity period of the CA.

ITEM D: CONTACT PERSON

Give the name and title of the person who can be contacted by this office regarding its application. Provide telephone and fax numbers.

ITEM E: NAMES AND ADDRESSES OF AFFILIATED COMPANIES

Enter legal names of affiliated companies and their complete addresses.

ITEM F: INVOICING/BILLING ADDRESS

Provide this information if the invoice or billing is to be sent to an address other than the given business address of the Meter Shop.

ITEM G: NAME OF METER SHOP HEAD

Provide the complete name and title of the Meter Shop head and his/her PRC License No.

ITEM H: CATEGORY REQUESTED FOR

Indicate the category being requested for. (A or B)

ITEM I: INSTRUMENT AND EQUIPMENT (add attachment)

Enter the serial number and required information pertaining to the type of instrument or equipment indicated. To be submitted is a documentation of testing and calibration records.

ITEM J: PERSONNEL (add attachment)

Attach a typewritten list of personnel directly involved in the testing and calibration of meters with the following information:

- a) Name
- b) Job title or classification
- c) Nature of employment (ex. full time, part time, etc.)
- d) Educational attainment and/or specialized training
- e) Experience

ITEM K: STATEMENT OF NO CONFLICT OF INTEREST

Attach Sworn Statement that the Meter Shop shall not engage in the business of selling electric watt-hour meters.



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ITEM L: VERIFICATION

The application should be signed by the owner of the Meter Shop or an authorized representative of the owner or consortium of DUs. To be provided is the complete name, title and contact number. Application should also be subscribed and sworn to before a Notary Public Officer.

See Application Form next page:



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A. Certification Number	New <input type="checkbox"/>
	Renewal <input type="checkbox"/>
B. Name of Meter Shop	
C. Business Address	
D. Contact Person	
E. Names and Addresses of Affiliated Companies	
_____	Tel. No. _____
_____	Tel. No. _____
_____	Tel. No. _____
F. Invoicing / Billing Address	
G. Name of Meter Shop Head	
H. Category Requested	
A <input type="checkbox"/> B <input type="checkbox"/>	
I. List of Instrument and Equipment (add attachment)	
J. List of Personnel (add attachment)	
K. Statement of No Conflict of Interest (attach a Sworn Statement)	
L. Verification:	
_____ Signature over printed name of the Applicant	
_____ Title or designation of the Applicant	
_____ Date	
SUBSCRIBED AND SWORN to before me this ___ day of _____ in the City of _____, affiant exhibiting to me his Government-issued identification _____, issued at _____, on _____.	
Doc No. _____	_____ Notary Public
Page No. _____	
Book No. _____	
Series of 2016	