

NATIONAL TELECOMMUNICATIONS COMMISSION SPECIAL RADIOTELEPHONE OPERATOR

Registration No.:

	Date Issued:	
	Valid Until:	
NAME:	BIRTHDATE:	
ADDRESS:	SEX:	
CITIZENSHIP:	HEIGHT: WEIGHT:	
TYPE/CLASS OF EXAMINATION:	RATING:	
DATE TAKEN:	PAID UNDER OR No.:	
PLACE:	AMOUNT: DATE:	
Processed by:		