

## NATIONAL TELECOMMUNICATIONS COMMISSION SPECIAL RADIOTELEPHONE OPERATOR (SROP FB)

**Date Issued:** 

## **Registration No.:**

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:	