Republic of the Philippines **NATIONAL TELECOMMUNICATIONS COMMISSION** BIR Road, East Triangle, Diliman, Quezon City	*Form No.*	**NTC 1-01**
	Revision No.	*03*
	Revision Date	*03/31/2023*

APPLICATION FOR RADIO OPERATOR EXAMINATION

EL

RADIOTELEGRAPHY
- [✔] 1RTG - Elements 1, 2, 5, 6 & Code (25/20 wpm)
- [ ] 1RTG - Code (25/20 wpm)
- [ ] 2RTG - Elements 1, 2, 5, 6 & Code (16 wpm)
- [ ] 2RTG - Code (16wpm)
- [ ] 3RTG - Elements 1, 2, 5 & Code (16 wpm)
- [ ] 3RTG - Code (16wpm)

AMATEUR
- [ ] Class A - Elements 8, 9, 10 & Code (5 wpm)
- [ ] Class A - Code (5 wpm) Only
- [ ] Class B - Elements 5, 6 & 7
- [ ] Class B - Element 2
- [ ] Class C - Elements 2, 3 & 4
- [ ] Class D - Element 2

RADIOTELEPHONY
- [ ] 1PHN - Elements 1, 2, 3 & 4
- [ ] 2PHN - Elements 1, 2 & 3
- [ ] 3PHN - Elements 1 & 2

RESTRICTED RADIOTELEPHONE
- [ ] RROC - Aircraft - Element 1

DATE OF EXAM (mm/dd/yy) [   ]

APPLICANT'S DETAILS

Last Name	Lorilla	Date of Birth (mm/dd/yy)		
First Name	Edward	Sex	✔	Male		Female
Middle Name	Lance	Nationality	Filippimp	
Unit/Rm/House/Bldg No.	sarphil subdivision	Street	88 CELICA STREET	
Barangay	1	City/Municipality	Cotabato City	
Province	Cotabato City	Zip Code	8000	
Contact Number	09499336747	Email Address		
School Attended				
Course Taken		Year Graduated		

APPLICANT'S REQUEST FOR ASSISTANCE *(for persons with disabilities, senior citizens, pregnant women or persons with special needs)*

Do you have any special needs and/or requests during the examination?	Yes	No
If yes, please indicate your specific needs and/or request.		

DECLARATION

I hereby declare that all the above entries are true and correct. Under the Revised Penal Code, I shall be held liable for any willful false statement(s) or misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revocation of the permit issued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Act No. 10713, Data Privacy Act of 2012.

[ ] Signature over Printed Name of Applicant 00/11/2025 Date Accomplished	**OR** NO.: _____ test DATE: _04/12_ , 20 _25_ AMOUNT: _____ P50.00 _____ Edward Lorilla **Collecting Officer**

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED

EXAMINATION ADMISSION SLIP

TO: THE CHAIRPERSON, Radio Operators Examination Committee

Please admit Mr. / Ms. [Edward Lance Lorilla]
with mailing address at [   ]

in the examination for [Admission Slip for Radio Operator Examination]

Place of Exam: [Koronadal City]
Date of Exam: (mm/dd/yy) [00/11/2025]
Time of Exam: [12:00 AM - 04:00 AM]

EL

[Edward Lorilla]
Authorized Officer