

Republic of the Philippines NATIONAL TELECOMMUNICATIONS COMMISSION BIR Road, East Triangle, Diliman, Quezon City

Form No. NTC 1-01 Revision No. 03 Revision Date <u>03/31/2023</u>

APPLICATION FOR RADIO OPERATOR EXAMINATION

INSTRUCTIONS:

- (1) Accomplish this application form properly, in ALL CAPS, handwritten or computer-printed.
- (2) Attach the complete requirements including supporting documents. For the List of requirements, please refer to the NTC Citizen's Charter at the NTC website: ntc.gov.ph



(3) Check	(√) approp	oriate box. Indicate "N/A" f	ior items not applicable.			(متريد
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)				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				
2PHN -	NY - Elements 1, - Elements 1, - Elements 1	, 2 & 3		RESTRICTED RADIOTELEPHONE RROC - Aircraft - Element 1 DATE OF EXAM (mm/dd/yy)				
APPLICANT'S DE	TAILS							
	Miming			Date of Birth (mm/	/dd/yy)			
	lvar			Sex	√	Male		Female
Middle Name				Nationality	Filipino			
Unit/Rm/House/Bld	lg No.			Street				
Barangay		Bago Gallera		City/Municipality	Davao City	Davao City		
Province		Davao Del Sur		Zip Code	8000			
Contact Number		09166688746		Email Address				
School Attended	nn							
Course Taken				Year Graduated s, senior citizens, pregnant women or persons with special needs)				
					omen or perso	ons with spec	cial needs)	
		nd/or requests during the exa	amination?	Yes No				
	your specific	ic needs and/or request.						
DECLARATION								
I hereby declare that all the above entries are true and correct. Under the Remisrepresentation(s) made in this application form that may serve as a valid germit issued/granted. Further, I am freely giving full consent for the collection 10713, Data Privacy Act of 2012. Signature over Printed Name of Applicant 08/02/2025				r the denial of this a ressing of personal in F - I I	pplication and information in a	d/or cancellati accordance w	ion/revocati vith Republi — — — — — — — — — — — — — — — — — — —	ion of the
		Date Accomplished		<u>L</u> _	Co	llecting Offic	er	I
		THIS FORM IS	S NOT FOR SALE AND CAN	N BE REPRODUCED				
			MINATION ADMISS					
TO: THE CHAIRPE	ERSON, Ra	adio Operators Examinat	tion Committee					
Please admit Mr. / Ms. with mailing address at		Ivar D Mirning						D
in the examination for		Admission Slip for Radio Operator	Admission Slip for Radio Operator Examination					
Place of Exam:		To be announced	To be announced					
Date of Exam: (mm/dd/yy)				t				سرايد
Time of Exam:		12:00 AM-04:00 AM		†				
						erwil Carin ized Officer]
	s shall pres	XAMINEE: sent this Admission Slip are		nt issued ID with pi	cture or			

2. Examinees who are late for more than 30 minutes shall not be allowed to take the examination. 3. Request for re-schedule of examination must be filed at least 1 week before the date of examination.

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4. In case of suspension / cancellation of work in government offices due to force majeure, the scheduled regular examination shall be conducted on the next regular working day.