

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 (√) appro	opriate box. Indicate "N/A"	for items not applic	cable.					1	
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) RADIOTELEPHONY 1PHN - Elements 1, 2, 3 & 4 2PHN - Elements 1, 2 & 3			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 RESTRICTED RADIOTELEPHONE RROC - Aircraft - Element 1						
3PHN - Elements	1 & 2		DATE OF I	EXAM (mm/d	ld/yy)				
APPLICANT'S DETAILS Last Name Duran			IDate	of Birth (mm	/dd/vv)				
First Name Mark Danyl			Sex	e, Bran (mm)	/ Jan 1997	Male		Femal	
Middle Name Tumanda				Nationality		no			
Unit/Rm/House/Bldg No.				Street		CABALERO			
Barangay	PANAGDAIT		City/I	City/Municipality		Cebu City (Capital)			
Province	Cebu	Cebu		Zip Code		6000			
Contact Number 09455502666			Emai	I Address					
School Attended	•		·		•				
Course Taken				Year Graduated					
APPLICANT'S REQUEST F	OR ASSISTANCE (for pers	sons with disabilities,	senior citizer	s, pregnant w	omen or	persons with s	pecial needs	s)	
Do you have any special needs	, ,	kamination?	Yes	No					
If yes, please indicate your spec	cific needs and/or request.								
DECLARATION I hereby declare that all the ab misrepresentation(s) made in the permit issued/granted. Further, 10713, Data Privacy Act of 2012	nis application form that may I am freely giving full consen	serve as a valid grou	und for the d	enial of this a	pplication	and/or cancel in accordance NO.:	llation/revoce with Repu	ation of the	
Signature over Printed Name of Applicant				1	AMOUNT	DATE:	P50.00	I	
Signature over Printed Name of Applicant 09/20/2025 Date Accomplished				'		Ricci Angela Ca	ntos	! ! . !	
	THIS FORM	IS NOT FOR SALE AN	D CAN BE R	EPRODUCED					
	EXA	MINATION ADM	IISSION	SLIP					
TO: THE CHAIRPERSON, Radio Operators Examination Committee Please admit Mr. / Ms. with mailing address at Mark Danyl Tumanda Duran Mark Danyl Tumanda Duran							6		
in the examination for	Admission Slip for Radio Operato	or Examination					N E	7	
Place of Exam: Date of Exam: (mm/do	Regular Radio Operators' Examin								
						Karl Louis Intino			
					Ain	thorized Offic	er		

INSTRUCTIONS FOR THE EXAMINEE:

- 1. Examinees shall present this Admission Slip and any valid government issued ID with picture or School ID, for students. (No Admission Slip and ID, No Exam.)
- 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.
- 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.

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED