



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

Form No. **NTC 1-03**
Revision No. **01**
Revision Date **03/31/2021**

**APPLICATION FOR AMATEUR RADIO OPERATOR CERTIFICATE/
AMATEUR RADIO STATION LICENSE**

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 2021 Second Edition** at NTC website: www.ntc.gov.ph
- (3) Check (✓) appropriate box. Indicate "N/A" for items not applicable.

TYPE OF APPLICATION

<input type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL
<input type="checkbox"/>	MODIFICATION due to
<input type="checkbox"/>	

NO. OF YEARS

**TYPE OF PERMIT/
LICENSE/CERTIFICATE**

<input type="checkbox"/>	Amateur Radio Operator Certificate
<input type="checkbox"/>	Amateur Radio Station License

<input type="checkbox"/>	Club Radio Station License
--------------------------	----------------------------

Name of Club

Assigned Freq.

<input type="checkbox"/>	Temporary Permit for Foreign Visitor
--------------------------	--------------------------------------

<input type="checkbox"/>	Special Permit for Vanity/Special Call Sign
--------------------------	---

Preferred Call Sign/s:

CLASS OF STATION

<input type="checkbox"/>	Class A
<input type="checkbox"/>	Class B
<input type="checkbox"/>	Class C
<input type="checkbox"/>	Class D

APPLICANT'S DETAILS

Last Name	Dagupan	Date of Birth (mm/dd/yy)	06/14/2000		
First Name	Aldrich Kyle	Sex	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	
Middle Name	Amante	Nationality	FILIPINO		
Call Sign		ATROC/ARSL No.		Validity (mm/dd/yy)	
Unit/Rm/House/Bldg No.		Street			
Barangay	Poblacion	City/Municipality			
Province	Bukidnon	Zip Code	8703		
Contact Number	09694398967	Email			

EXAMINATION DETAILS

Place of Exam		Date (mm/dd/yy)		Rating	
---------------	--	-----------------	--	--------	--

PARTICULARS OF EQUIPMENT (Use separate sheet/s, if necessary)

Make	Type/Model	Serial Number	Frequency Range
Sample		45325	45

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

07/28/2025

Date Accomplished

OR NO.: 2441
DATE: 07/28, 20 25
AMOUNT: P630.00
Cashier Edge
Collecting Officer