

Republic of the Philippines

## NATIONAL TELECOMMUNICATIONS COMMISSION

BIR Road, East Triangle, Diliman, Quezon City

Form No. <u>NTC 1-02</u> Revision No. <u>01</u> Revision Date <u>03/31/2021</u>

## **APPLICATION FOR RADIO OPERATOR CERTIFICATE**

**TYPE OF CERTIFICATE** 

## **INSTRUCTIONS:**

**TYPE OF APPLICATION** 

- (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: <a href="https://www.ntc.gov.ph">www.ntc.gov.ph</a>
- (3) Check (✔) appropriate box. Indicate "N/A" for items not applicable.

| NEW                                                                                                                                                    |                     |                 |               |                | 1RTG          | 1RTG SRC          |               |                                  | ROP                                              |                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------|---------------|----------------|---------------|-------------------|---------------|----------------------------------|--------------------------------------------------|----------------------------------------------|--|
| RENEWAL                                                                                                                                                |                     |                 |               |                | 2RTG          | 2RTG              |               | RROC-Land Mobile (RLM)           |                                                  |                                              |  |
| MODIFICATION due to                                                                                                                                    |                     |                 |               |                | 3RTG          | ì                 | RROC-Aircraft |                                  |                                                  |                                              |  |
|                                                                                                                                                        |                     |                 |               |                | 1PHN          | 1PHN              |               | GROC (Government)                |                                                  |                                              |  |
|                                                                                                                                                        |                     |                 |               |                | 2PHN          | 2PHN              |               | TP RROC-Aircraft (Foreign Pilot) |                                                  |                                              |  |
| NO. OF YEARS 3                                                                                                                                         |                     |                 |               |                | 3PHN          | l                 |               | OTHERS, specify                  |                                                  |                                              |  |
| <del></del>                                                                                                                                            |                     |                 |               |                |               |                   |               |                                  |                                                  |                                              |  |
|                                                                                                                                                        |                     |                 |               |                |               |                   |               |                                  |                                                  |                                              |  |
| APPLICANT'S DE                                                                                                                                         | TAILS               |                 |               |                |               |                   |               |                                  |                                                  |                                              |  |
| Last Name                                                                                                                                              | AcaAcÿ-             |                 |               |                |               | Date of Birt      | h (mm/        | dd/yy) 06/23/1975                |                                                  |                                              |  |
| First Name                                                                                                                                             | Jerry               |                 |               |                |               | Weight (kg)       |               | 86                               | Height (cm)                                      | 169                                          |  |
| Middle Name                                                                                                                                            | Bandiala            |                 |               |                |               | is of             | ✓             | Employed                         | U                                                | nemployed                                    |  |
| Sex                                                                                                                                                    | ✓                   | Male            |               | Female         | Emp           | loyment           | -             | ✓ Local                          |                                                  |                                              |  |
| Nationality                                                                                                                                            | ationality FILIPINO |                 |               |                |               | 1                 |               | Foreign                          |                                                  |                                              |  |
| Unit/Rm/House/Bldg No.                                                                                                                                 |                     |                 |               |                | Stree         | et                |               |                                  |                                                  |                                              |  |
| Barangay                                                                                                                                               |                     | Sibugay         |               |                | City/l        | City/Municipality |               |                                  |                                                  |                                              |  |
| Province                                                                                                                                               |                     | Cebu            |               |                | Zip C         | Zip Code 600      |               | )                                |                                                  |                                              |  |
| Contact Number                                                                                                                                         |                     | 09970831543     |               |                | Ema           | il Address        |               |                                  |                                                  |                                              |  |
| EXAM/SEMINAR                                                                                                                                           | DETAILS             |                 |               |                |               |                   |               |                                  |                                                  |                                              |  |
| Place of Exam/Seminar                                                                                                                                  |                     |                 |               |                | Date          | Date (mm/dd/yy)   |               |                                  | Rating                                           |                                              |  |
| DECLARATION                                                                                                                                            |                     |                 |               |                |               |                   |               |                                  |                                                  |                                              |  |
| I hereby declare that misrepresentation(s) issued/granted. Furth Privacy Act of 2012.                                                                  | made in this a      | application for | m that may se | rve as a valid | ground for th | e denial of this  | s applic      | ation and/or ca                  | ancellation/revoc<br>with Republic Ad<br>1486119 | ation of the perm.<br>ct No. 10713, Data<br> |  |
| Signature over Printed Name of Applicant  O9/15/2025  Date Accomplished  Date: 09/15 , 20 25  AMOUNT: P210.00  Ricci Angela Cantos  Collecting Officer |                     |                 |               |                |               |                   |               |                                  |                                                  | 0 25                                         |  |
|                                                                                                                                                        |                     |                 | THIS FORM IS  | S NOT FOR S    | SALE AND CA   | N BE REPRO        | DUCED         | )                                |                                                  |                                              |  |