

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

Form No. NTC 1-01 Revision No. 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 (**√**) appropriate box. Indicate "N/A" for items not applicable.



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| (3)  | (- /                          |                  |                             |                      |  |  |              |                  | FT (F        | M           |
|--|-------------------------------|------------------|-----------------------------|----------------------|--|--|--------------|------------------|--------------|-------------|
| 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 |                               |                  |                             |                      | 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  RESTRICTED RADIOTELEPHONE  RROC - Aircraft - Element 1 |  |              |                  |              |             |
| 2PHN - Elements 1, 2 & 3<br>3PHN - Elements 1 & 2  |                               |                  |                             |                      | DATE   | OF EXAM (mm/d                                |              |                  |              |             |
| APPLICANT'S DE   | TAILS                         |                  |                             |                      |  |  |              |                  |              |             |
| Last Name Oliverio   |                               |                  |                             |                      |  | Date of Birth (mm                            | /dd/yy)      |                  |              |             |
| First Name Rene  |                               |                  |                             |                      | ,  | Sex  | <b>√</b>     | Male             |              | Female      |
| Middle Name  | P.                            |                  |                             |                      | 1  | Nationality                                  | FILIPINO     |                  |              |             |
| Unit/Rm/House/Bldg No.   |                               | 40               |                             |                      | (  | Street BARANGAY ST.                          |              |                  |              |             |
| Barangay   |                               | CABUNGAHAN       |                             |                      | (  | City/Municipality                            | Danao City   |                  |              |             |
| Province   |                               | Cebu             |                             |                      | Z  | Zip Code                                     | 6004         |                  |              |             |
| Contact Number   |                               | 09175464355      |                             |                      | E  | Email Address                                |              |                  |              |             |
| School Attended  |                               | •                |                             |                      |  |  | •            |                  |              |             |
| Course Taken   |                               |                  |                             |                      |  | Year Graduated                               |              |                  |              |             |
| APPLICANT'S RE   | QUEST FO                      | R ASSISTANC      | E (for persons v            | vith disabilities, s | senior c   | itizens, pregnant w                          | omen or pe   | rsons with sp    | ecial needs) |             |
| Do you have any spe  |                               |                  |                             |                      |  | res No                                       |              | ·                | ,            |             |
| If yes, please indicate  |                               |                  |                             |                      |  |  |              |                  |              |             |
| DECLARATION  |                               |                  |                             |                      |  |  |              |                  |              |             |
| I hereby declare that<br>misrepresentation(s)<br>permit issued/granted<br>10713, Data Privacy  | made in this<br>d. Further, I | application form | that may serve              | as a valid grou      | und for  | the denial of this a                         | pplication a | nd/or cancell    | ation/revoca | tion of the |
|  |                               |                  |                             |                      |  | 1  | l JR         | IO.:             | 1486002      | 25          |
| Signature over Printed Name of Applicant  09/20/2025  Date Accomplished  |                               |                  |                             |                      |  |  | AMOUNT:_     | Ricci Angela Can |              | <br>        |
|  |                               | ·                |                             |                      |  | <u>.                                    </u> |              | Collecting Off   | ficer        | !           |
|  |                               | 11-              |                             | ATION ADN            |  | BE REPRODUCED                                |              |                  |              |             |
|  |                               |                  |                             |                      | /IIOOI   | ON SLIP                                      |              |                  |              |             |
| TO: THE CHAIRPERSON, Radio Operators  Please admit Mr. / Ms.  with mailing address at  |                               |                  |                             | Committee            |  |  |              |                  | 6            |             |
| in the exami   |                               | Admission Slip   | for Radio Operator Examina  | ation                |  |  |              |                  |              | <b>b</b>    |
| Place of Exa<br>Date of Exar   |                               | -                | Operators' Examination (Ceb | ou City)             |  |  | _            | _                |              |             |
| Time of Exar   |                               | 12:00 AM-01:3    | 0 AM                        |                      |  |  |              |                  |              |             |
|  |                               |                  |                             |                      |  |  |              | Ruel Ignacio     |              |             |
|  |                               |                  |                             |                      |  |  | Auth         | orized Office    | 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