



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.

1"x1" ID
Picture

RADIOTELEGRAPHY

<input type="checkbox"/> No	1RTG - Elements 1, 2, 5, 6 & Code (25/20 wpm)
<input type="checkbox"/> No	1RTG - Code (25/20 wpm)
<input type="checkbox"/> No	2RTG - Elements 1, 2, 5, 6 & Code (16 wpm)
<input type="checkbox"/> No	2RTG - Code (16wpm)
<input type="checkbox"/>	3RTG - Elements 1, 2, 5 & Code (16 wpm)
<input type="checkbox"/>	3RTG - Code (16wpm)

AMATEUR

<input type="checkbox"/> No	Class A - Elements 8, 9, 10 & Code (5 wpm)
<input type="checkbox"/> No	Class A - Code (5 wpm) Only
<input type="checkbox"/> No	Class B - Elements 5, 6 & 7
<input type="checkbox"/> No	Class B - Element 2
<input type="checkbox"/> Yes	Class C - Elements 2, 3 & 4
<input type="checkbox"/> No	Class D - Element 2

RADIOTELEPHONY

<input type="checkbox"/> No	1PHN - Elements 1, 2, 3 & 4
<input type="checkbox"/> No	2PHN - Elements 1, 2 & 3
<input type="checkbox"/> No	3PHN - Elements 1 & 2

RESTRICTED RADIOTELEPHONE

<input type="checkbox"/> No	RROC - Aircraft - Element 1
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DATE OF EXAM (mm/dd/yy)

APPLICANT'S DETAILS

Last Name		Date of Birth (mm/dd/yy)	
First Name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name		Nationality	
Unit/Rm/House/Bldg No.		Street	
Barangay		City/Municipality	
Province		Zip Code	
Contact Number		Email Address	
School Attended			
Course Taken		Year Graduated	

APPLICANT'S REQUEST FOR ASSISTANCE (for persons with disabilities, senior citizens, pregnant women or persons with special needs)

Do you have any special needs and/or requests during the examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate your specific needs and/or request.	

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

Date Accomplished

OR

NO.: _____

DATE: _____, 20____

AMOUNT: _____

Collecting Officer

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED

EXAMINATION ADMISSION SLIP

TO: THE CHAIRPERSON, Radio Operators Examination Committee

Please admit Mr. / Ms.
with mailing address at

in the examination for

Place of Exam:

Date of Exam: (mm/dd/yy)

Time of Exam:

Amateur

1"x1" ID
Picture

Authorized Officer

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.

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