



Republic of the Philippines

**NATIONAL TELECOMMUNICATIONS COMMISSION**

BIR Road, East Triangle, Diliman, Quezon City

Form No. **NTC 1-02**Revision No. **01**Revision Date **03/31/2021****APPLICATION FOR RADIO OPERATOR CERTIFICATE****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](http://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

NO. OF YEARS **TYPE OF CERTIFICATE**

<input type="checkbox"/>	1RTG	<input type="checkbox"/>	SROP
<input type="checkbox"/>	2RTG	<input type="checkbox"/>	RROC-Land Mobile (RLM)
<input type="checkbox"/>	3RTG	<input type="checkbox"/>	RROC-Aircraft
<input type="checkbox"/>	1PHN	<input type="checkbox"/>	GROC (Government)
<input type="checkbox"/>	2PHN	<input type="checkbox"/>	TP RROC-Aircraft (Foreign Pilot)
<input type="checkbox"/>	3PHN	<input type="checkbox"/>	OTHERS, specify

**APPLICANT'S DETAILS**

Last Name	Admin	Date of Birth (mm/dd/yy)	05/01/2025		
First Name	Pacuit	Weight (kg)	12	Height (cm)	12
Middle Name		Status of Employment	<input checked="" type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	
Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Local	<input type="checkbox"/> Foreign	
Nationality	Filipino				
Unit/Rm/House/Bldg No.		Street	CM Recto 9000		
Barangay	kauwagagn	City/Municipality			
Province	Bukidnon	Zip Code	9000		
Contact Number	09096288227	Email Address			

**EXAM/SEMINAR DETAILS**

Place of Exam/Seminar	test	Date (mm/dd/yy)		Rating	
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**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.: 44454555

DATE: 08/19, 2025

AMOUNT: P120.00

Cashier Edge

Collecting Officer