



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.



RADIOTELEGRAPHY

<input type="checkbox"/>	1RTG - Elements 1, 2, 5, 6 & Code (25/20 wpm)
<input type="checkbox"/>	1RTG - Code (25/20 wpm)
<input type="checkbox"/>	2RTG - Elements 1, 2, 5, 6 & Code (16 wpm)
<input type="checkbox"/>	2RTG - Code (16wpm)
<input type="checkbox"/>	3RTG - Elements 1, 2, 5 & Code (16 wpm)
<input type="checkbox"/>	3RTG - Code (16wpm)

AMATEUR

<input type="checkbox"/>	Class A - Elements 8, 9, 10 & Code (5 wpm)
<input type="checkbox"/>	Class A - Code (5 wpm) Only
<input type="checkbox"/>	Class B - Elements 5, 6 & 7
<input type="checkbox"/>	Class B - Element 2
<input checked="" type="checkbox"/>	Class C - Elements 2, 3 & 4
<input type="checkbox"/>	Class D - Element 2

RADIOTELEPHONY

<input type="checkbox"/>	1PHN - Elements 1, 2, 3 & 4
<input type="checkbox"/>	2PHN - Elements 1, 2 & 3
<input type="checkbox"/>	3PHN - Elements 1 & 2

RESTRICTED RADIOTELEPHONE

<input type="checkbox"/>	RROC - Aircraft - Element 1
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DATE OF EXAM (mm/dd/yy)

APPLICANT'S DETAILS

Last Name	Caballero	Date of Birth (mm/dd/yy)		
First Name	Mark Anthony	Sex	<input checked="" type="checkbox"/>	Male
Middle Name	Marturillas	Nationality		FILIPINO
Unit/Rm/House/Bldg No.		Street		LTHAI TIPOLO MANDAUE CITY
Barangay	Tipolo	City/Municipality		Mandaue City
Province	Cebu	Zip Code		6014
Contact Number	09916403460	Email Address		

School Attended Trade Tech International Science Institute

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? Yes 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.

<input type="checkbox"/>	OR	NO.:	1485030
		DATE:	08/04, 20 25
		AMOUNT:	P50.00
Ricci Angela Cantos			
Collecting Officer			

Signature over Printed Name of Applicant

09/20/2025

Date Accomplished

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

Mark Anthony Marturillas Caballero
Admission Slip for Radio Operator Examination

in the examination for

Regular Radio Operators' Examination (Cebu City)
09/20/2025
12:00 AM-01:30 AM

Place of Exam:

Date of Exam: (mm/dd/yy)

Time of Exam:



Mitchel Mari Seno

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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