



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
- (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 | Robledo | Date of Birth (mm/dd/yy) | 04/22/1996 | | |
| First Name | Julietaa | Weight (kg) | 50 | Height (cm) | 154 |
| Middle Name | Abastas | Status of Employment | <input type="checkbox"/> Employed | <input checked="" type="checkbox"/> Unemployed | |
| Sex | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | <input type="checkbox"/> Local | <input type="checkbox"/> Foreign | |
| Nationality | FILIPINO | | | | |
| Unit/Rm/House/Bldg No. | | Street | Zone 2 | | |
| Barangay | Santo Niño | City/Municipality | | | |
| Province | Bukidnon | Zip Code | 7042 | | |
| Contact Number | 09694398967 | Email Address | | | |

EXAM/SEMINAR DETAILS

| | | | | | |
|-----------------------|--|-----------------|--|--------|--|
| Place of Exam/Seminar | | Date (mm/dd/yy) | | Rating | |
|-----------------------|--|-----------------|--|--------|--|

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.: 1651 |
| | DATE: 07/23, 2025 |
| | AMOUNT: P270.00 |
| | Cashier Edge Collecting Officer |