

## Republic of the Philippines NATIONAL TELECOMMUNICATIONS COMMISSION

BIR Road, East Triangle, Diliman, Quezon City

Form No. NTC 1-01
Revision No. 03
Revision Date 03/31/2023

## 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: <a href="mailto:ntc.gov.ph">ntc.gov.ph</a>



(3) Check ( <b>√</b> ) appropria	ate box. Indicate "N/A" for items not	applicable.		_			
RADIOTELEGRAPHY			MATEUR				
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)			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				
3RTG - Code (16 wpm)			Class D - E	-	3 X 4		
RADIOTELEPHONY	,	DECT	RICTED RADIO		NIE.		
1PHN - Elements 1, 2,	3 & 4	KESI		rcraft - Elem			
2PHN - Elements 1, 2 & 3							
3PHN - Elements 1 &	2	DATE	OF EXAM (mm	/dd/yy)			
APPLICANT'S DETAILS							
Last Name Amante			Date of Birth (mi	m/dd/yy)			
First Name Edissa Jolina			Sex		Male	<b>√</b>	Female
Middle Name Abastas			Nationality	FILIPINO	FILIPINO		
Unit/Rm/House/Bldg No.			Street		ZONE 2, STO NIÑO, Manolo Fortich		
Barangay Santo Niño			City/Municipality				
Province Bukidnon			Zip Code	8703	8703		
Contact Number 09694398967			Email Address				
School Attended			Voor Craduated				
Course Taken	ASSISTANCE (for persons with disab	ilitica conior	Year Graduated		oroono with on	ooial naag	(a)
	for requests during the examination?	Jilliles, seriior	Yes No	women or p	ersons with sp	eciai rieed	18)
If yes, please indicate your specific r			res   NO				
DECLARATION	ledds difd/of request.						
	entries are true and correct. Under the	Revised Per	nal Code, I shall b	e held liable	e for any willfu	ıl false sta	tement(s) o
	pplication form that may serve as a val freely giving full consent for the collect			information	in accordance		ublic Act No
Signature over Printed Name of Applicant			!	AMOUNT:		50.00	· [
08/29/2025			i				I
Date Accomplished			1	www.common.com	Cashier Edge		
	•		<u></u>		Collecting Off	ficer	!
	THIS FORM IS NOT FOR SA			)			
	EXAMINATION		ION SLIP				
•	io Operators Examination Commi	ttee					
Please admit Mr. / Ms.	Edissa Jolina Abastas Amante					-	
with mailing address at							6
in the examination for	Admission Slip for Radio Operator Examination					4	<b>\$</b>
	Authorition only for Nauro Operator Examination						
Place of Exam:	USTP-CDO 2						V TO A
Date of Exam: (mm/dd/yy)							
Time of Exam:	04:00 AM-04:00 AM						
					Engr. Edward Lorilla  horized 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