



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	Vasaylaje			Date of Birth (mm/dd/yy)			
First Name	Gregorio			Weight (kg)		Height (cm)	
Middle Name				Status of Employment	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female			<input type="checkbox"/> Local		
Nationality	Filipino				<input type="checkbox"/> Foreign		
Unit/Rm/House/Bldg No.				Street			
Barangay	TIGUMA			City/Municipality			
Province	Zamboanga Del Sur			Zip Code	7016		
Contact Number	09057571538			Email Address			

### EXAM/SEMINAR DETAILS

Place of Exam/Seminar		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.:	
	DATE:	, 20
	AMOUNT:	
		Collecting Officer