

Republic of the Philippines

NATIONAL TELECOMMUNICATIONS COMMISSION

BIR Road, East Triangle, Diliman, Quezon City

Form No. Revision No. 01
Revision Date 03/31/2021

APPLICATION FOR RADIO OPERATOR CERTIFICATE

TYPE OF CERTIFICATE

INSTRUCTIONS:

TYPE OF APPLICATION

- (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.

| | NEW | 1 | | | | | 1RTG | | | SROP | | | | | |
|------------------------|---------------------------------|-------------|---|---------------|----------------|---------------------|--------------------|------------------|----------|----------------------------------|-----------|-------------------|----------------|---|--|
| | REN | RENEWAL | | | | | 2RTG | | | RROC-Land Mobile (RLM) | | | | | |
| | MODIFICATION due to | | | | | | 3RTG | | | RROC-Aircraft | | | | | |
| | | | | | | | 1PHN | | | GROC (Government) | | | | | |
| | | | | | | | 2PHN | | | TP RROC-Aircraft (Foreign Pilot) | | | | | |
| NO. OF YEARS 3 | | | | | | | 3PHN | | | OTHERS, specify | | | | | |
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| APPLICAN | T'S DETAIL | .S | | | | | | | | | | | | | |
| Last Name | e Estenzo | | | | | | Date of Birth (mm/ | | | dd/yy) | 07/1 | 07/17/1990 | | | |
| First Name | Rai | ndel | | | | | Weight (kg) | | 62 | | Heigh | nt (cm) | 170 | | |
| Middle Nam | e Jor | Jorquia | | | | | Status | | ✓ | Employed | | Une | employed | | |
| Sex | | √ | Male | | Female | | Emplo | oyment | | ✓ Loca | al | | | | |
| Nationality FILIPINC | | | , | | | | | | Fore | ign | | | | | |
| Unit/Rm/House/Bldg No. | | | | | | | Street | | | | | | | | |
| Barangay | | | T. PADILLA | | | | City/Municipality | | | | | | | | |
| Province | | | Cebu | | | | Zip Code 6 | | 6000 | 8000 | | | | | |
| Contact Number | | | 09352376248 | | | | Email Address | | | | | | | | |
| EXAM/SEM | IINAR DET | AILS | | | | | | | | | | | | | |
| Place of Exam/Seminar | | | SM CITY CEBU | | | Date (mm/dd/yy) 202 | | 5-03-15 | | Rating | | | | | |
| DECLARAT | ΓΙΟΝ | | | | | | | | | | | | | | |
| misrepresenta | ation(s) made ed. Further, I | e in this a | ve entries are application for v giving full co | m that may se | rve as a valid | ground | for the | e denial of this | applic | ation and/or | cancella | tion/revocati | on of the pern | n | |
| | | | | | | | | | [(| OR NO.: DAT | E: 08/0 | 35088 05 , 202 | <u>25</u> | | |
| | | Signa | ature over Pr | | of Applicant | | | | - | Ricci A | Angela (| Cantos | | | |
| | | | 08/05/202 | | | | | | <u> </u> | Col | lecting O | fficer | ! | | |
| | | | Date A | ccomplished | I | | | | | | | | | | |
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| | | | | THIS FORM I | S NOT FOR S | SALE A | ND CAI | N BE REPROI | DUCED |) | | | | _ | |