

Republic of the Philippines

NATIONAL TELECOMMUNICATIONS COMMISSION

BIR Road, East Triangle, Diliman, Quezon City

Form No. <u>NTC 1-02</u> Revision No. <u>01</u> Revision Date <u>03/31/2021</u>

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.

Sex	
NO. OF YEARS 3 APPLICANT'S DETAILS Last Name Ponce Date of Birth (mm/dd/yy) 10/25/198/ First Name Misa Status of Employment Local Foreign Foreign Nationality FILIPINO Street Local Foreign Unit/Rm/House/Bldg No. Street Loc St Barangay Nailon City/Municipality Province Cebu Zip Code 6010 Contact Number 09772561968 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 far misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revoissued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Area in this application and/or cancellation/revoissued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Area in this application in accordance with Republic Area	0 168
APPLICANT'S DETAILS Last Name	0 168
APPLICANT'S DETAILS Last Name Ponce Date of Birth (mm/dd/yy) 10/25/198 First Name Rodel Weight (kg) 71.2 Height (cm) Middle Name Misa Status of Employment Local Nationality FILIPINO Street Looc St Barangay Nailon City/Municipality Province Cebu Zip Code 6010 Contact Number 09772561968 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 far misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revolesused/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Association for the collection and processing of personal information in accordance with Republic Association for the collection and processing of personal information in accordance with Republic Association for the collection and processing of personal information in accordance with Republic Association for the collection and processing of personal information in accordance with Republic Association for the collection and processing of personal information in accordance with Republic Association for the collection and processing of personal information in accordance with Republic Association for the collection and processing of personal information in accordance with Republic Association for the collection and processing of personal information in accordance with Republic Association for the collection and processing of personal information in accordance with Republic Association for the collection and processing of personal information in accordance with Republic Association for the collection and processing of personal information in accordance with Republic Association for the collection and processing of personal information in accordance with Republic Association for the collection and processing of person	0 168
APPLICANT'S DETAILS Last Name Ponce Date of Birth (mm/dd/yy) 10/25/198 First Name Rodel Weight (kg) 71.2 Height (cm) Middle Name Misa Status of Employment Employment Foreign Nationality FILIPINO Street Looc St Barangay Nailon City/Municipality Province Cebu Zip Code 6010 Contact Number 09772561968 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 far insrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revoissued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Assistance of the collection and processing of personal information in accordance with Republic Assistance of the collection and processing of personal information in accordance with Republic Assistance of the collection and processing of personal information in accordance with Republic Assistance of the collection and processing of personal information in accordance with Republic Assistance of the collection and processing of personal information in accordance with Republic Assistance of the collection and processing of personal information in accordance with Republic Assistance of the collection and processing of personal information in accordance with Republic Assistance of the collection and processing of personal information in accordance with Republic Assistance of the collection and processing of personal information in accordance with Republic Assistance of the collection and processing of personal information in accordance with Republic Assistance of the collection and processing of personal information in accordance with Republic Assistance of the collection and processing of personal information in accordance with Republic Assistance of the collection and processing of personal information	168
Last Name	168
Last Name	168
Last Name	168
First Name Rodel Weight (kg) 71.2 Height (cm) Middle Name Misa Sex Male Female Nationality FILIPINO Unit/Rm/House/Bldg No. Barangay Nailon City/Municipality Province Cebu Zip Code 6010 Contact Number 09772561968 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 far misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revolissued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Accordance with	168
Middle Name Misa Status of Employment Sex	
Sex Male Female Male Female Female Foreign Foreign	Unemployed
Nationality Filipino Finale Female Foreign Foreign	
Unit/Rm/House/Bldg No. Barangay Nailon City/Municipality Province Cebu Zip Code 6010 Contact Number 09772561968 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 far misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revoissued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Accordance with R	
Barangay Nailon City/Municipality Province Cebu Zip Code 6010 Contact Number 09772561968 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 farmisrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revoissued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Address	
Province Cebu Zip Code 6010 Contact Number 09772561968 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 far misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revoissued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Address	
Contact Number 09772561968 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 farmisrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revoissued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic 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 farmisrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revoissued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Associations.	
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 far misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revoissued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Association.	
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 far misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revoissued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Association.	
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 fa misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revo issued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic A	
misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revo issued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic A	-
Privacy Act of 2012. OR No.: 1484888 DATE: 07/28	ocation of the perm Act No. 10713, Dat
AMOUNT: P240.00	2023
Signature over Printed Name of Applicant Ricci Angela Cantos	
07/28/2025 I Collecting Officer	- ;
Date Accomplished	
THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED	