



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:

- Accomplish this application form properly, in ALL CAPS, handwritten or computer-printed.
- 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
- 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
<input type="text"/>	

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
		<input type="text"/>	

APPLICANT'S DETAILS

Last Name	A			Date of Birth (mm/dd/yy)	00/01/2025		
First Name	A			Weight (kg)	1	Height (cm)	1
Middle Name	A			Status of Employment	<input checked="" type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	
Sex	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female			<input type="checkbox"/> Local	<input type="checkbox"/> Foreign	
Nationality	Filipino						
Unit/Rm/House/Bldg No.				Street	celica		
Barangay	a			City/Municipality			
Province	Ilocos Norte			Zip Code	8000		
Contact Number	09499336747			Email Address			

EXAM/SEMINAR DETAILS

Place of Exam/Seminar		Date (mm/dd/yy)	2025-01-01	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.:	1554
	DATE:	09/04, 20 25
	AMOUNT:	P210.00
	Cashier Edge	
		Collecting Officer