



Republic of the Philippines  
NATIONAL TELECOMMUNICATIONS COMMISSION  
BIR Road, East Triangle, Diliman, Quezon City

Form No. **NTC 1-02**  
Revision No. **02**  
Revision Date **03/31/2023**

## 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** at the NTC website: [ntc.gov.ph](http://ntc.gov.ph)
- (3) Check (✓) appropriate box. Indicate "N/A" for items not applicable.

### TYPE OF APPLICATION

NEW	<input type="checkbox"/>
RENEWAL	<input checked="" type="checkbox"/>
MODIFICATION due to	

NO. OF YEARS **3**

### TYPE OF CERTIFICATE

1RTG	<input type="checkbox"/>
2RTG	<input type="checkbox"/>
3RTG	<input type="checkbox"/>
1PHN	<input type="checkbox"/>
2PHN	<input type="checkbox"/>
3PHN	<input type="checkbox"/>

SRGP	<input type="checkbox"/>
RRGC-Land Mobile (RLM)	<input checked="" type="checkbox"/>
RRGC-Aircraft	<input type="checkbox"/>
GRGC (Government)	<input type="checkbox"/>
TP RRGC-Aircraft (Foreign Pilot)	<input type="checkbox"/>
OTHERS, specify	

### APPLICANT'S DETAILS

Last Name	<b>PINES</b>
First Name	<b>LYN</b>
Middle Name	<b>TEMPYU</b>
Sex	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Nationality	<b>FIJIAN</b>
Unit/Rm/House/Bldg No.	<b>FL</b>
Barangay	<b>Lumbogan Butuan City</b>
Province	<b>Agusan del Norte</b>
Contact Number	<b>09306245418</b>
Email Address	<b>LYN@PINES38@gmail.com</b>

### EXAM/SEMINAR DETAILS

Place of Exam/Seminar	<b>3rd floor Event Center SM City Butuan</b>
Rating	<b>7/21/2020</b>

### 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

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED