



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
- (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	Bravo	Date of Birth (mm/dd/yy)	08/29/1988		
First Name	Charline	Weight (kg)	80	Height (cm)	151
Middle Name	Racho	Status of Employment	<input checked="" type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	
Sex	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		<input checked="" type="checkbox"/> Local	<input type="checkbox"/> Foreign	
Nationality	FILIPINO				
Unit/Rm/House/Bldg No.		Street	Quijada street		
Barangay	Guadalupe	City/Municipality			
Province	Cebu	Zip Code	6000		
Contact Number	09559344402	Email Address			

EXAM/SEMINAR DETAILS

Place of Exam/Seminar	Ntc region7 subangdako mandaue	Date (mm/dd/yy)	2025-09-26	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.: 1486525
	DATE: 09/26, 2025
	AMOUNT: P210.00
	Ricci Angela Cantos Collecting Officer