

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

Form No. NTC 1-01 Revision No. 03 Revision Date <u>03/31/2023</u>

## APPLICATION FOR RADIO OPERATOR EXAMINATION

## **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



(3) Check ( <b>√</b> ) appropriat	e box. Indicate "N/A" for items not app	piicable.					
RADIOTELEGRAPHY    1RTG - Elements 1, 2, 5, 6 & Code (25/20 wpm)   1RTG - Code (25/20 wpm)   2RTG - Elements 1, 2, 5, 6 & Code (16 wpm)   2RTG - Code (16wpm)   3RTG - Elements 1, 2, 5 & Code (16 wpm)   3RTG - Code (16wpm)		Class A - Elements 8, 9, 10 & Code (5 wpm)  Class A - Code (5 wpm) Only  Class B - Elements 5, 6 & 7  Class B - Element 2  Class C - Elements 2, 3 & 4  Class D - Element 2					
1PHN - Elements 1, 2, 3 2PHN - Elements 1, 2 & 3PHN - Elements 1 & 2			RROC - Aircr	aft - Element			]
APPLICANT'S DETAILS							
Last Name Ustp			Date of Birth (mm/	dd/yy)			
First Name			Sex	<b>√</b>	Male		Female
Middle Name			Nationality	Filipino			
Unit/Rm/House/Bldg No.			Street	1			
Barangay			City/Municipality Cotabato City				
Province Cotabato City			Zip Code 1232				
Contact Number 09499	9336747		Email Address				
School Attended							
Course Taken			Year Graduated				
APPLICANT'S REQUEST FOR A	SSISTANCE (for persons with disabilitie	es, senior	citizens, pregnant we	omen or pers	ons with spe	cial needs)	
Do you have any special needs and/o	r requests during the examination?		Yes No				
If yes, please indicate your specific ne	eds and/or request.						
DECLARATION							
misrepresentation(s) made in this app	ntries are true and correct. Under the Re plication form that may serve as a valid g reely giving full consent for the collection	ground for	r the denial of this ap	oplication and	d/or cancella accordance	ation/revocati with Republi	ion of the
Signature over Printed Name of Applicant  00/11/2025  Date Accomplished			; A	MOUNT:	P5  Edward Lorilla	0.00 cer	i
	THIS FORM IS NOT FOR SALE						
	EXAMINATION A	DMISS	ION SLIP				
TO: THE CHAIRPERSON, Radio Please admit Mr. / Ms. with mailing address at in the examination for Place of Exam: Date of Exam: (mm/dd/yy) Time of Exam:	Operators Examination Committee  E E Ustp  Admission Slip for Radio Operator Examination  Koronadal City  00/11/2025  12:00 am - 04:00 am	9			ward Lorilla	GI	
INSTRUCTIONS FOR THE EXAM	NINEE:			Autiloli	200 OIII0E	1	
1. Examinees shall present	this Admission Slip and any valid gov No Admission Slip and ID, No Exam.)		t issued ID with pic	cture or			

- 2. Examinees who are late for more than 30 minutes shall not be allowed to take the examination.
- 3. Request for re-schedule of examination must be filed at least 1 week before the date of examination.
- 4. In case of suspension / cancellation of work in government offices due to force majeure, the scheduled regular examination shall be conducted on the next regular working day.

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED