

Republic of the Philippines

NATIONAL TELECOMMUNICATIONS COMMISSION

BIR Road, East Triangle, Diliman, Quezon City

Form No. Revision No. 01
Revision Date 03/31/2021

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.

| NEW | | | | | | 1RTG | | | SROP | | | | |
|--|--|------------------------------------|---------------|----------------|-----------------|-------------------|------------------|---------------------|----------------------------------|---------------------------------|---------------------------------------|----------------------------------|--|
| RENEWAL MODIFICATION due to | | | | | | 2RTG | | | RROC-Land Mobile (RLM) | | | | |
| | MODIFICATION due to | | | | | 3RTG | | | RROC-Aircraft | | | | |
| | | | | | | 1PHN | | | GROC (Government) | | | | |
| | | | | | | 2PHN | | | TP RROC-Aircraft (Foreign Pilot) | | | | |
| NO. OF YEARS 3 | | | | | | 3PHN | | | OTHERS, specify | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | - | |
| APPLICANT'S DE | TAILS | | | | | | | | | | | | |
| Last Name | Rasonable | | | | | | Date of Birtl | h (mm/ | /dd/yy) 01/ | | 1/09/1993 | | |
| First Name | Leslie | | | | | Weight (kg) | | | 55 | Height | t (cm) | 168 | |
| Middle Name | Cabiles | | | | | Status of | | ✓ | Employed | | Un | employed | |
| Sex | ✓ | Male | | Female | | Employment | | | Local | | | | |
| Nationality Filipino | | | | | | | | | Foreign | | | | |
| Unit/Rm/House/Bldg No. | | | | | | Street | t | | | | | | |
| Barangay | | BASAK | | | | City/Municipality | | | | | | | |
| Province | | Cebu | | | Zip Code | | 601 | 015 | | | | | |
| Contact Number | | 09396641579 | | | | Email Address | | | | | | | |
| EXAM/SEMINAR I | DETAILS | | | | | | | | | | | | |
| Place of Exam/Seminar | | TERADYNE PHILS LTD CONFERENCE ROOM | | | Date (mm/dd/yy) | | 2025-08-18 | | | Rating | | | |
| DECLARATION | | | | | | | | | | | | | |
| misrepresentation(s) | made in this | application for | m that may se | rve as a valid | ground | for the | e denial of this | applic | ation and/or ca | ancellati with Re 148 | ion/revocat public Act 6457 | ion of the pern No. 10713, Da | |
| | | | | | | | | i A | DATE MOUNT: <u>P24</u> | : <u>09/2</u> 0.00 | 6 | 25 | |
| Signature over Printed Name of Applicant | | | | | | | | Ricci Angela Cantos | | | | | |
| | SEMINAR DETAILS of Exam/Seminar TERADYNE PHILS LTD CONFERNATION ARATION A declare that all the above entries are true and correct. Uses entation(s) made in this application form that may serve as granted. Further, I am freely giving full consent for the collected Act of 2012. Signature over Printed Name of Ap 09/26/2025 Date Accomplished | | | | | | | <u>i</u> _ | Collecting Officer | | | | |
| | | Date A | ccomplished | | | | | | | | | | |
| | | | THIS FORM IS | S NOT FOR S | ALE AN | ID CAI | N BE REPRO | DUCED |) | | | | |