

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

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

Authorized Officer

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 (**√**) appropriate box. Indicate "N/A" for items not applicable.



(2, 2	(*)										
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) RADIOTELEPHONY					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 - Element 2 Class D - Element 2 RESTRICTED RADIOTELEPHONE						
1PHN - Elements 1, 2, 3 & 4 2PHN - Elements 1, 2 & 3 3PHN - Elements 1 & 2					RROC - Aircraft - Element 1 DATE OF EXAM (mm/dd/yy)						
APPLICANT'S DE	TAILS										
	ast Name velara				Date of Birth (mm/dd/yy)						
First Name Raymond Adrian					Sex		√	Male		Female	
Middle Name Lubiano					Nationality		FILIPINO				
Unit/Rm/House/Bldg No.					Street						
Barangay		Tungkil			City/Municipality		Minglanilla	Minglanilla			
Province		Cebu			Zip C	ode	6064				
Contact Number		09912084254			Email	Address					
School Attended				•			-				
Course Taken					Year Graduated						
APPLICANT'S RE	QUEST FO	R ASSISTANCE (for pers	ons with disabilities,	, senior	citizen	s, pregnant v	women or per	sons with spe	cial needs)		
Do you have any spe	cial needs ar	nd/or requests during the exa	amination?		Yes	No					
If yes, please indicate	your specifi	c needs and/or request.									
misrepresentation(s)	made in this d. Further, I a	re entries are true and corre application form that may am freely giving full consent	serve as a valid gro	ound for	the de	enial of this a	application ar	nd/or cancellat	tion/revocati	ion of the	
Signature over Printed Name of Applicant 09/20/2025 Date Accomplished THIS FORM IS NOT FOR SAL					DE DE	 -	AMOUNT:	O.: P50 Ricci Angela Cantos Collecting Office	.00	25	
			WINATION AD								
	-	dio Operators Examina		IVIIOOI	IOI4	SLIF		, r			
Please admit with mailing a	address at	Raymond Adrian Lubiano Velara Admission Slip for Radio Operator	Examination						75		
Place of Exa Date of Exan Time of Exan	m: n: (mm/dd/)	Regular Radio Operators' Examina							-		
							Ma C	hristine Del Mayor		1	

INSTRUCTIONS FOR THE EXAMINEE:

- 1. Examinees shall present this Admission Slip and any valid government issued ID with picture or School ID, for students. (No Admission Slip and ID, No Exam.)
- 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