

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

 Form No.
 NTC 1-01

 Revision No.
 03

 Revision Date
 03/31/2023

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: <a href="mailto:ntc.gov.ph">ntc.gov.ph</a>



RADIOTELEGRAPHY    IRTG - Elements 1, 2, 5, 6 & Code (25/20 wpm)   Class A - Elements 8, 9, 10 & Code (5 wpm) Only	(3) Check	k ( <b>√</b> ) approp	oriate box. Indicate "N/A" for items	not applicable					
TPHN - Elements 1, 2, 3, 3, 4	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				
Last Name   Lasmo   Date of Birth (mm/dd/yy)   First Name   Sers   Male   Fer   Middle Name   Sery   Male   Fer   Male   Male   Sery   Middle Name   Male Name   Male   Male   Male   Middle Name   Male Name   Male   Male   Middle Name   Male Name   Male   Male   Male Name   Male Name   Male Name   Male   Male Name   Male Name   Male Name   Male   Male Name   Male N	1PHN 2PHN 3PHN	- Elements 1, - Elements 1, - Elements 1	2 & 3		RROC - Airc	raft - Elemen	<del></del>		
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Middle Name Unit/Pmi/House/Bidg No. Barangay MASCOC City/Municipality Province Casu Zip Code School Attended Course Taken APPLICANT'S REQUEST FOR ASSISTANCE (for persons with disabilities, senior citizens, pregnant women or persons with special needs) Do you have any special needs and/or requests during the examination? If yes, please indicate your specific needs and/or requests during the examination? In yes please indicate your specific needs and/or request.  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 misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revocation or permit issued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Accordance with Republic Accordance with Republic Accordance and processing of personal information in accordance with Republic Accordance and processing of personal information in accordance with Republic Accordance with Republic Accordance and processing of personal information in accordance with Republic Accordance and processing of personal information in accordance with Republic Accordance and processing of personal information in accordance with Republic Accordance and processing of personal information in accordance with Republic Accordance and processing of personal information in accordance with Republic Accordance and processing of personal information in accordance with Republic Accordance and processing of personal information in accordance with Republic Accordance and processing of personal information in accordance with Republic Accordance and processing of personal information in accordance with Republic Accordance and processing of personal information in accordance and processing of personal information in accordance with Republic Accordance and processing of personal information						/aa/yy)	Mala		I Camala
Unit/Rm/House/Bidg No. 19 Street BARANGAY ROAD Barangay MASLOO City/Municipality Dates Only Province Cale Contact Number ODE CARATION Province Email Address School Attended Course Taken Year Graduated APPLICANT'S REQUEST FOR ASSISTANCE (for persons with disabilities, senior citizens, pregnant women or persons with special needs) Do you have any special needs and/or requests during the examination? Yes No If yes, please indicate your specific needs and/or request. 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(misrepresentation(s) made in this application from that may serve as a valid ground for the denial of this application and/or cancellation/revocation opermit issue/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Act 10713, Data Privacy Act of 2012.  Signature over Printed Name of Applicant  09/20/2025 Date Accomplished  TO: THE CHAIRPERSON, Radio Operators Examination Committee  Please admit Mr. / Ms. with mailing address at  in the examination for  Place of Exam: Date						<b>V</b>	Iwaie		Female
Barangay MASLOG City/Municipality Develor City Province Caba Zip Code Sod Contact Number O833467768 Email Address School Attended Course Taken APPLICANT'S REQUEST FOR ASSISTANCE (for persons with disabilities, senior citizens, pregnant women or persons with special needs) Do you have any special needs and/or requests during the examination? Yes No If yes, please indicate your specific needs and/or request.  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/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 permit issued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Ac 10713, Data Privacy Act of 2012.  Signature over Printed Name of Applicant  09/20/2025 Date Accomplished  THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED  EXAMINATION ADMISSION SLIP  TO: THE CHAIRPERSON, Radio Operators Examination Committee  Please admit Mr. / Ms. with mailing address at  in the examination for Place of Exam: Date of Exa			10			<u> </u>			
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Please admit Mr. / Ms. with mailing address at  in the examination for Place of Exam: Date of Exam: (mm/dd/yy)  Date of Exam: (mm/dd/yy)  Jesse Batingal Laurito  Admission Slip for Radio Operator Examination  Regular Radio Operators' Examination (Cebu City)  09/20/2025			EXAMINATI	ON ADMISS	SION SLIP				
	Please admi with mailing in the exami Place of Exa Date of Exa	it Mr. / Ms. address at nation for am: (mm/dd/y	Jesse Batingal Laurito  Admission Slip for Radio Operator Examination  Regular Radio Operators' Examination (Cebu City)  09/20/2025	mmittee					

## 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.

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