

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

Form No. Revision No. Revision Date 03/31/2023

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	e box. Indicate "N/A" for i	items not applicable.					-	
RADIOTELEGRAPHY 1RTG - Elements 1, 2, 5 1RTG - Code (25/20 wpi 2RTG - Elements 1, 2, 5 2RTG - Code (16wpm) 3RTG - Elements 1, 2, 5 3RTG - Code (16wpm) RADIOTELEPHONY 1PHN - Elements 1, 2, 3 2PHN - Elements 1, 2 &	RES ⁻	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 RESTRICTED RADIOTELEPHONE RROC - Aircraft - Element 1						
3PHN - Elements 1 & 2		DATI	E OF E	XAM (mm/c	ld/yy)			
APPLICANT'S DETAILS Last Name Estillore			IDate	of Birth (mm	/dd/\n\)			
First Name Joel			Sex	OI DII (IIIIII	L/	Male	l lFe	male
Middle Name Basiga			Nationality		Filipino	IVIGIO		maic
Unit/Rm/House/Bldg No.			Street		A.TUMULAK			
Barangay Gun-	OB		City/Municipality		Lapu-lapu City (Opon)			
Province Cebu			Zip Code		6015			
Contact Number 09956687545				Address				
School Attended BAPTIS	ST BIBLE COLLEC	SE .			•			
Course Taken			Year	Graduated				
APPLICANT'S REQUEST FOR A	SSISTANCE (for persons	with disabilities, senior	r citizen	s, pregnant w	omen or pe	ersons with sp	ecial needs)	
Do you have any special needs and/or	requests during the examir	nation?	Yes	No				
If yes, please indicate your specific ne	eds and/or request.							
DECLARATION								
I hereby declare that all the above er misrepresentation(s) made in this app permit issued/granted. Further, I am fi 10713, Data Privacy Act of 2012.	olication form that may serv	re as a valid ground fo	r the de	enial of this a	pplication and and an an	and/or cancell in accordance	ation/revocation of with Republic Ac	of the
				i		JAIL	, 20	i
Signature over 0: Date	nt		1	AMOUNT:	Ricci Angela Can			
	THIS FORM IS NO	OT FOR SALE AND CA	N BE RE	PRODUCED				
	EXAMIN	NATION ADMISS	NOI	SLIP				
TO: THE CHAIRPERSON, Radio Please admit Mr. / Ms. with mailing address at in the examination for	Operators Examination Joel Basiga Estillore Admission Slip for Radio Operator Exam							
Place of Exam: Date of Exam: (mm/dd/yy) Time of Exam:	Regular Radio Operators' Examination (C 09/20/2025 12:00 AM-01:30 AM	ebu City)			١٠. ٨	Karl Louis Intino		

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