



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

Form No. **NTC 1-02**
Revision No. **01**
Revision Date **03/31/2021**

APPLICATION FOR RADIO OPERATOR CERTIFICATE

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 2021 Second Edition** at NTC website: www.ntc.gov.ph
- (3) Check (✓) appropriate box. Indicate "N/A" for items not applicable.

TYPE OF APPLICATION

<input type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL
<input type="checkbox"/>	MODIFICATION due to

NO. OF YEARS

TYPE OF CERTIFICATE

<input type="checkbox"/>	1RTG	<input type="checkbox"/>	SROP
<input type="checkbox"/>	2RTG	<input type="checkbox"/>	RROC-Land Mobile (RLM)
<input type="checkbox"/>	3RTG	<input type="checkbox"/>	RROC-Aircraft
<input type="checkbox"/>	1PHN	<input type="checkbox"/>	GROC (Government)
<input type="checkbox"/>	2PHN	<input type="checkbox"/>	TP RROC-Aircraft (Foreign Pilot)
<input type="checkbox"/>	3PHN	<input type="checkbox"/>	OTHERS, specify

APPLICANT'S DETAILS

Last Name	Rojo			Date of Birth (mm/dd/yy)	03/12/1979		
First Name	Ricky			Weight (kg)	170	Height (cm)	5.6
Middle Name	Rita			Status of Employment	<input type="checkbox"/> Employed	<input checked="" type="checkbox"/> Unemployed	
Sex	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female		<input checked="" type="checkbox"/> Local	<input type="checkbox"/> Foreign		
Nationality	FILIPINO						
Unit/Rm/House/Bldg No.				Street	Ramona vill dumlog talisay city		
Barangay	Dumlog			City/Municipality			
Province	Cebu			Zip Code	6045		
Contact Number	09202500319			Email Address			

EXAM/SEMINAR DETAILS

Place of Exam/Seminar	Ntc	Date (mm/dd/yy)	2025-08-08	Rating	
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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(s) or 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 the permit issued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Act No. 10713, Data Privacy Act of 2012.

Signature over Printed Name of Applicant

Date Accomplished

OR	NO.: 1485187
	DATE: 08/08, 2025
	AMOUNT: P210.00
	Cashier Edge
	Collecting Officer