

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

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

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 (√) approp	riate box. Indicate "N/A" for items not a	pplicable.				
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 1PHN - Elements 1, 2, 3 & 4		Class A - Co Class B - Ele Class B - Ele Class C - Ele Class D - Ele	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			
2PHN - Elements 1, 2 & 3 3PHN - Elements 1 & 2		DATE OF EXAM (mm/d	ld/yy)			
APPLICANT'S DETAILS						_
Last Name Lawas		Date of Birth (mm	/dd/yy)			
First Name Jovelyn		Sex		Male	√	Female
Middle Name Batican		Nationality	FILIPINO			
Unit/Rm/House/Bldg No.		Street	PUROK 2A			
Barangay	SABANG	City/Municipality	Danao City			
Province	Cebu	Zip Code	6004			
Contact Number	09358507493	Email Address				
School Attended		DV 0 1 1 1				
Course Taken		Year Graduated				
	R ASSISTANCE (for persons with disability		omen or perso	ons with spe	ecial needs)	,
	nd/or requests during the examination?	Yes No				
If yes, please indicate your specifi DECLARATION	c needs and/or request.					
I hereby declare that all the abov misrepresentation(s) made in this	re entries are true and correct. Under the R application form that may serve as a valid am freely giving full consent for the collection	I ground for the denial of this a	pplication and	l/or cancella accordance	ation/revoca	ation of the
			OR DAT	ΓE: 09/0	⁰³ , 20	25
Signature over Printed Name of Applicant 09/20/2025 Date Accomplished		i ! !		Ricci Angela Canto		
		E AND CAN BE REPRODUCED				
	EXAMINATION A	ADMISSION SLIP				
TO: THE CHAIRPERSON, Ra	dio Operators Examination Committe	ee		ſ		
Please admit Mr. / Ms. with mailing address at	Jovelyn Batican Lawas					
in the examination for Place of Exam: Date of Exam: (mm/dd/y						
Time of Exam:	12:00 AM-01:30 AM			Maria Bermudo Zed Office	r	

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