

## 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

Sheira Maria Bermudo

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="https://ntc.gov.ph">ntc.gov.ph</a>
- (3) Check (**√**) appropriate box. Indicate "N/A" for items not applicable.



IRTG - Elements 1, 2, 5, 6 & Code (25/20 wpm)											, 10 & Code (5 wpm) Only & 7		
APPLICANTS DETAILS  Last Name   States   Date of Birth (mm/dd/yy)    First Name   States   Sex   Male   Female Middle Name   States   Sex   Male   Female Middle Name   States   Street    Barangay   NAMOO   Street    Barangay   NAMOO   City/Municipality   Street    Barangay   NAMOO   City/Municipality   Street    Barangay   Street   Street   Street   Street   Street    Barangay   Street   Street   Street   Street   Street   Street   Street   Street   Street    Barangay   Street   Street   Street   Street   Street   Stree	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 - Elements 2, 3 & 4  Class D - Element 2  RESTRICTED RADIOTELEPHONE							
Last Name   Main   Main	l ——					DATE OF EXAM (mm/dd/yy)							
First Name   Middle Name   Females	APPLICANT'S DETAIL	_S											
Middle Name Unit/Rm/House/Bidg No. Street Barangay LAMOOD City/Municipality Province Capit Zip Code Sets I Contact Number Contact Number Course Taken PREJIGANT'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? If yes, please indicate your specific needs and/or requests during the examination? If yes, please indicate your specific needs and/or requests during the examination? If yes, please indicate your specific needs and/or requests during the examination? If yes, please indicate your specific needs and/or requests during the examination? If yes, please indicate your specific needs and/or requests during the examination? If yes, please indicate your specific needs and/or requests during the examination? If yes, please indicate your specific needs and/or requests during the examination? If yes, please indicate your specific needs and/or requests during the examination? If yes, please indicate your specific needs and/or requests during the examination? If yes, please indicate your specific needs and/or requests during the examination? If yes, please indicate your specific needs and/or requests during the examination in 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 Not 10713, Data Privacy Act of 2012.  OR NO:  Signature over Printed Name of Applicant  Ogl/20/2025  Date Accomplished  Examination Committee  Please admit Mr. / Ms, with mailing address at in the examination for Admission States Examination  Admission States Examina	Last Name Billanes					Date of Birth (mm/dd/yy)							
Unit/Rm/House/Bidg No.  Barangay  LAMOO  City/Municipality  Contact Number  Contact Number  Contact Number  School Attended  CHEYNAIR AVIATION TRAINING SERVICES  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 request.  DECLARATION  Thereby 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  O9/20/2025  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:  Regular Radio Operators Examination Committee	First Name Kent Jasper								<b>√</b>	Male		Female	
Barangay Province   College   Zip Code   Solid   Solid									Filipino				
Province   Contact Number   Email Address   Email Address   School Attended   CHEYNAIR AVIATION TRAINING SERVICES   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 request during the examination?   Yes   No   If yes, please indicate your specific needs and/or request.  DECLARATION   Thereby 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													
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. 10 & Code (6 wom)	Please admit Mr. / Ms. with mailing address at in the examination for  Kent Jasper Francisco Billanes  Admission Slip for Radio Operator Examination										From No. ATC 1-91 Agreemen Cale \$22272222		
		nm/dd/v	,	ation (Cebu City)							, 10 & Code (5 wpm) Only		

## INSTRUCTIONS FOR THE EXAMINEE:

Time of Exam:

- 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.

12:00 AM-01:30 AM

- 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