

Republic of the Philippines

NATIONAL TELECOMMUNICATIONS COMMISSION

BIR Road, East Triangle, Diliman, Quezon City

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

APPLICATION FOR AMATEUR RADIO OPERATOR CERTIFICATE

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INSTRUCT	IONS:													
(2) Attacl	h the compl e refer to th	application form properly ete requirements includ e NTC Citizen's Charte opriate box. Indicate "Na	ling su er 202	ipporting d	ocume <i>Editic</i>	ents. For the	e List	of requ	uireme	ents, <u>ntc.g</u>	ov.ph			
NEW RENEWAL MODIFICATION due to			TYPE OF PERMIT/ LICENSE/CERTIFICATE Amateur Radio Operator Certificate Amateur Radio Station License						CLAS	Class A Class B Class C Class D				
				Club Radio		License								
NO. OF YEARS 3				Name of Club Assigned Freq. Temporary Permit for Foreign Visitor Special Permit for Vanity/Special Call Sign Preferred Call Sign/s:										
PPLICANT'S D	ETAILS													
ast Name	Panugali	ng		Date of Birth (mm				n/dd/yy)		06/1	14/1979			
irst Name Francis						Sex	√		Male			Female		
liddle Name	Niere					Nationality	FILI	PINO	,			_		
Call Sign		ATROC/AR).			Validity (mm/dd/yy)								
Init/Rm/House/B	lldg No.					Street Tres de Abri				St				
Barangay		Punta Princesa		City/Municipality										
rovince		Cebu	Zip Code			6000								
Contact Number		09425575800	Email											
EXAMINATION D	DETAILS				_			1						
Place of Exam						Date (mm/dd/yy)					Rating			
PARTICULARS (OF EQUIPM	IENT (Use separate sh	eet/s,	if necessa										
Make		Type/Model		Serial Number						Frequency Range				
COM IC706			06344								HF/VHF/50MHZ			
AESU FT-92				9M270076						HF/50MHZ				
COM IC-28H		16423							VHF 144-146 MHZ					
COM IC-228H				17357 VHF 144-146 MHZ										
r misrepresentatio f the permit issue	n(s) made in d/granted. F	ve entries are true and cor this application form that r urther, I am freely giving f rivacy Act of 2012.	may se	rve as a val	id groui	nd for the der	nial of a	this app g of per OR	nlicatio rsonal NO.: DATE	on and/ inform 14 =: 09/	or cancellation in according	ion/revocation		
	Signat	ure over Printed Name	of Apr	olicant			I A	MOUNT				—¦		
		9/03/2025	οι Αγμ				I	_R		ngela	Cantos Officer	- ! 		

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED

Date Accomplished



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Init/Rm/House/B	lldg No.					Street Tres de Abri				l St				
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EXAMINATION D	DETAILS				1			1						
Place of Exam						Date (mm/dd/yy)					Rating			
PARTICULARS (OF EQUIPN	IENT (Use separate sh	eet/s, i	if necessa										
Make		Type/Model		Serial Number							Frequency Range			
COM IC-V100			19497								VHF 144-146 MHZ			
HYTERA MD				15D22A0086						UHF 420-450MHZ				
HYTERA MD		16D06A1894							UHF 420-450MHZ VHF 144-146 MHZ					
COM IC-V82			NTC-R7-027P							VHE	- 144-14	6 MH		
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