

Republic of the Philippines

NATIONAL TELECOMMUNICATIONS COMMISSION

BIR Road, East Triangle, Diliman, Quezon City

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

APPLICATION FOR AMATEUR RADIO OPERATOR CERTIFICATE/

		AIVIA	IEUKI	VADIO 3 I	AII	JN LICEN	13E				
INSTRUCT	IONS:										
(1) Accor	mplish this	application form pro	perly, in A	ALL CAPS, I	handv	vritten or cor	npute	er-printed.			
		ete requirements in							ents,		
. ,	•	e NTC Citizen's Ch	•	•				•	ntc.gov.ph	1	
·		opriate box. Indicate								_	
TYPE OF 4	APPLICATION	E OF PERMIT/ CLA					SS OF STA	TION			
NEW			LICENSE/CERTIFICATE					OL/ (Class		
RENEWAL			Amateur Radio Operator Certificate						Class		
MODIFICATION due to			Amateur Radio Station License						Class		
	WODII ICAT	1014 due to	A TRACOL TRACIO GIARIOTI EIGENSE								
				Club Radio 9	Station	License			Class	3 D	
		Club Radio Station License Name of Club									
		Assigned Freq.									
				1 ·	•	for Foreign \/i	ioitor				
NO. OF YEARS 1 Special Permit for Vanity/Special Call Sign											
NO. OF TE	AKS					· -	ai Caii	Sign			
				Preferred Ca	ali Sigi	1/8.					
PPLICANT'S D	ETAILS										
ast Name				Date of Birth (mm/dd/yy)				n/dd/yy)			
irst Name					Sex						Female
liddle Name						Nationality				_	
Call Sign	ATROC/ARSL No				o. Validity (n						
Init/Rm/House/E					Street WCE-SEZ						
Barangay Bua		Buanoy	City/Municipality								
Province		Cebu	Zip Code			604	1				
Contact Number 0956887		09568870269	70269			il					
XAMINATION I	DETAILS										
Place of Exam			Date (mm/dd/yy)						Ratii	ng	
ARTICULARS	OF EQUIPN	IENT (Use separate	e sheet/s,	, if necessar	y)						
Make Type/Mo			odel Serial Number						Frequency Range		
KENWOOD TK-2360			B5100871					136-174			
ECLARATION											
•		ve entries are true and							-		
		this application form to Turther, I am freely giv									
	-	rivacy Act of 2012.	· ·			,					
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							; ($DR^{\scriptscriptstyleNO.:}_{\scriptscriptstyleDATE}$	E: 08/14	, 20 2	¦
							I I A	моинт: <u>Р3,</u>			<u> </u>
Signature over Printed Name of Applicant Ricci									Angela Cantos		
									ecting Office		. .
		Date Accomp	lished					-			_ _
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THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED