

## 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

## 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.



(о) опсек (у ) арр	Topriate box. Indicate 14/A for it	стіз пот арріїсавіс.					
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		<u></u>	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				
1PHN - Element 2PHN - Element 3PHN - Element	s 1, 2 & 3	DATE	JRROC - Airc	raft - Element	1		
APPLICANT'S DETAILS							
Last Name Saragena			Date of Birth (mm	/dd/yy)			
First Name Marcialita		9	Sex		Male	<b>√</b>	Female
Middle Name Remocaldo			Nationality	FILIPINO			
Unit/Rm/House/Bldg No.			Street				
Barangay	Bolinawan		City/Municipality	ty City Of Carcar			
Province	Cebu		Zip Code	6019			
Contact Number 09661635291		E	Email Address				
School Attended							
Course Taken			/ear Graduated				
	FOR ASSISTANCE (for persons v			omen or perso	ons with sp	ecial needs)	
	s and/or requests during the examina	ation?	'es No				
If yes, please indicate your spe	ecific needs and/or request.						
DECLARATION	bove entries are true and correct. U	Inder the Pevised Pens	l Code I shall he	held liable for	r any willfu	l false state	ment(s) o
misrepresentation(s) made in	this application form that may server, I am freely giving full consent for t	e as a valid ground for t	he denial of this a	npplication and and and and and and and and and an	or cancella ccordance	ation/revoca with Repub	ation of the
Signature over Printed Name of Applicant			1		-	04, <b>20</b>	I
Signatur	ıt	'	***************************************	Ricci Angela Cant	os		
	THIS FORM IS NO	T FOR SALE AND CAN E	BE REPRODUCED				
	EXAMIN	ATION ADMISSION	ON SLIP				
TO: THE CHAIRPERSON.	Radio Operators Examination	Committee					
Please admit Mr. / M with mailing address in the examination fo	S. Marcialita Remocaldo Saragena at						
Place of Exam:	Regular Radio Operators' Examination (Cei	bu City)					
Date of Exam: (mm/c	dd/yy) 09/20/2025						Y
Time of Exam:	12:00 AM-01:30 AM						
				Mitch	el Mari Seno		
				Authori	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.

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