

## 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

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="mailto:ntc.gov.ph">ntc.gov.ph</a>



(3) Check ( <b>4</b> ) appropris	ate box. Indicate IN/A for items not	гаррисавіе.					2023/10/	25
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)			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					
PADIOTELEPHONY  1PHN - Elements 1, 2  2PHN - Elements 1, 2  3PHN - Elements 1 &	& 3			ED RADIOT RROC - Airc XAM (mm/c	raft - Eleme			
APPLICANT'S DETAILS								
Last Name Gila				of Birth (mm	/dd/yy)			T
First Name Mynil			Sex	!!4	<b>√</b>	Male		Female
Middle Name Desales			Natio		Filipino			
Unit/Rm/House/Bldg No.	PANCON		Stree		Cabu City (Capite	al\		
= ······g-··/	BANGON		City/Municipality Zip Code		Cebu City (Capita	ан)		
Province Cebu  Contact Number 09271422475				Address	0000			
	ATIONAL		Lillan	71441000	ļ			
Course Taken	111011112		Year	Graduated				
	ASSISTANCE (for persons with disal	bilities, senior			omen or pe	ersons with sp	ecial needs)	
Do you have any special needs and			Yes	No				
If yes, please indicate your specific								
misrepresentation(s) made in this a	entries are true and correct. Under the pplication form that may serve as a value of the collection for the collections.	alid ground fo	r the de	enial of this a	application a	and/or cancell	ation/revoca	tion of the
Signature over Printed Name of Applicant  09/20/2025				1		NO.:  DATE: 09/ P  Ricci Angela Canl	50.00	25 I
Date Accomplished				i	***************************************	Collecting Off	icer	i
	THIS FORM IS NOT FOR SA	ALE AND CAN	I BE RE	PRODUCED				
	EXAMINATION	ADMISS	ION	SLIP				
TO: THE CHAIRPERSON, Rad	o Operators Examination Commi	ittee				-		
Please admit Mr. / Ms. with mailing address at	Mynil Desales Gila							
in the examination for	Admission Slip for Radio Operator Examination						( )	100
Place of Exam:	Regular Radio Operators' Examination (Cebu City)		]					
Date of Exam: (mm/dd/yy)	09/20/2025		]				2023/10	/25
Time of Exam:	12:00 AM-01:30 AM							_
						Karl Louis Intino		

## 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