

## Republic of the Philippines NATIONAL TELECOMMUNICATIONS COMMISSION BIR Road, East Triangle, Diliman, Quezon City

Form No. <u>NTC 1-01</u>
Revision No. <u>03</u>
Revision Date <u>03/31/2023</u>

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



1RTG - Elements 1, 2, 5, 6 & Code (25/20 wpm)							
RTIG - Code (26/20 wpm)   Class A - Code (5 wpm)   Class C - Emerts 5, 6 & 7   Class C - Emerts 6, 2 & 4   Class C - Emerts 1, 2 & 3 & 4   Class C - Emerts 2   Class C - Element 3, 2 & 4   Class C - Element 3, 2 & 4   Class C - Element 2   Class C - Element 3   Class C - Element 3   Class C - Element 3   Class C - Element 4   Class C - Element 5, 2 & 4   Class C - Element 5, 2 & 4   Class C - Element 5, 2 & 4   Class C - Element 5   Class C - Element 5, 2 & 4   Class C - Element 2, 3 & 4   Class C - Element 5, 2 & 4   Class C - Element	RADIOTELEGRAPHY		AMATEUR				
2RTG - Elements 1, 2, 5, 6 & Code (16 wpm)	1RTG - Elements 1, 2, 5, 6 & Code (25/20 wpm)		Class A - I				
Class B - Element 2   Class C - Element 3   Class C - Element 3   Class C - Element 4   Class C - Element 4   Class C - Element 5			Class A -				
SRTG - Elements 1, 2, 5 & Code (16 wpm)			Class B - I				
RADIOTELEPHONY  RESTRICTED RADIOTELEPHONE    19PHN - Elements 1, 2, 3, 8, 4	2RTG - Code (16wpm)		Class B - I	Class B - Element 2			
RADIOTELEPHONE    1PHN - Elements 1, 2, 3 & 4	3RTG - Elements 1, 2, 5 & Code (16 wpm)		Class C -	Elements 2, 3 8	k 4		
TPHN - Elements 1, 2, 3, 8, 4	3RTG - Code (16wp	m)	Class D -	Element 2			
SPHN - Elements 1, 2 & 3   SPHN - Elements 1 & 2   DATE OF EXAM (mm/dd/yy)	RADIOTELEPHONY		RESTRICTED RADIO	OTELEPHONI	E		
APPLICANT'S DETAILS  Last Name Pealurge Sex Male V Female  First Name Accept Middle Name Accept Middle Name Accept Middle Name Nationality Patients  Barangay Economic Code Site of City/Municipality Section Nationality Section			RROC - A	ircraft - Elemen	it 1		
APPLICANT'S DETAILS  Last Name   Processed   Date of Birth (mm/dd/yy)   Second   Processed   Processed	2PHN - Elements 1, 2 & 3						
Last Name   Mactive Blook   Make   Mactive Blook   Mactive Blook   Make   Mactive Blook   Mactiv	3PHN - Elements 1	& 2	DATE OF EXAM (mm	n/dd/yy)			
First Name    Accessed   Nationality   Pathon	APPLICANT'S DETAILS						
Middle Name    Appendix   Appendi	Last Name Policarpio	ast Name Policarpio		nm/dd/yy)			
Unit/Rm/House/Bidg No. Barangay Beask City/Municipality Imprised Private Priva	First Name Audrey Bianca		Sex		Male 🗸	Female	
Barangay Province   Caba   Zip Code   Sole	Middle Name Apostol		Nationality	Nationality FILIPINO			
Province Contact Number School Attended 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 requests.  DECLARATION I hereby 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 Not 10713, Data Privacy Act of 2012.  Signature over Printed Name of Applicant  09/13/2025 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: Date of Exam: Date of Exam: Special Redo-Avacual Examination (Coexi) 1001 April 2002 According Administration Committee)  Special Redo-Avacual Examination (Coexi) 1015 Address According Administration Coexists Content Coexists Content Coexists	Unit/Rm/House/Bldg No.	206	Street	Kagudoy Road, Plun	Kagudoy Road, Plumera Mactan Building H		
Contact Number School Attended 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  09/13/2025 Date Accomplished  TO: THE CHAIRPERSON, Radio Operators Examination Committee  Please admit Mr. / Ms. with mailing address at in the examination for Place of Exam: Date of Exam: Date of Exam: Date of Exam: Date of Exam: Only 13/2025  Sepaial RROC-Averate Examination Only 13/2025 Only 13/2025  Sepaial RROC-Averate Examination Only 13/2025 On	Barangay Basak		City/Municipalit	Y Lapu-lapu City (Opon)			
School Attended  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 Not 10713, Data Privacy Act of 2012.  Signature over Printed Name of Applicant  09/13/2025  Date Accomplished  Collecting Officer  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:  Date of Exam:  Date of Exam:  Date of Exam:  Special RROC-Arrest Examination (Cebu)  ON13/2025			Zip Code	6016	6016		
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with mailing address at  in the examination for  Place of Exam: Date of Exam: (mm/dd/yy)  09/13/2025			<u> </u>		<b>□</b>   ⊿		
in the examination for  Place of Exam: Date of Exam: (mm/dd/yy)  Special RROC - Aircraft Examination (Cebu)  09/13/2025	with mailing address at						
Place of Exam:  Date of Exam: (mm/dd/yy)  Special RROC - Aircraft Examination (Cebu)  09/13/2025	ŭ						
Date of Exam: (mm/dd/yy)	in the examination for	Admission Slip for Radio Operator Examination					
Date of Exam: (mm/dd/yy)	Place of Evam:						
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## 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