



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

Form No. **NTC 1-02**
Revision No. **01**
Revision Date **03/31/2021**

APPLICATION FOR RADIO OPERATOR CERTIFICATE

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 2021 Second Edition** at NTC website: www.ntc.gov.ph
- (3) Check (✓) appropriate box. Indicate "N/A" for items not applicable.

TYPE OF APPLICATION

<input type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL
<input type="checkbox"/>	MODIFICATION due to
<input type="text"/>	

NO. OF YEARS

TYPE OF CERTIFICATE

<input type="checkbox"/>	1RTG	<input type="checkbox"/>	SROP
<input type="checkbox"/>	2RTG	<input type="checkbox"/>	RROC-Land Mobile (RLM)
<input type="checkbox"/>	3RTG	<input type="checkbox"/>	RROC-Aircraft
<input type="checkbox"/>	1PHN	<input type="checkbox"/>	GROC (Government)
<input type="checkbox"/>	2PHN	<input type="checkbox"/>	TP RROC-Aircraft (Foreign Pilot)
<input type="checkbox"/>	3PHN	<input type="checkbox"/>	OTHERS, specify
		<input type="text"/>	

APPLICANT'S DETAILS

Last Name	Amante			Date of Birth (mm/dd/yy)	04/22/2001		
First Name	Edissa			Weight (kg)	0	Height (cm)	0
Middle Name	Abastas			Status of Employment	<input checked="" type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	
Sex	<input type="checkbox"/> Male	<input checked="" type="checkbox"/>	<input type="checkbox"/> Female		<input type="checkbox"/> Local	<input type="checkbox"/> Foreign	
Nationality	Filipino						
Unit/Rm/House/Bldg No.				Street			
Barangay	Brgy 4			City/Municipality			
Province	South Cotabato			Zip Code	9506		
Contact Number	09694398967			Email Address			

EXAM/SEMINAR DETAILS

Place of Exam/Seminar		Date (mm/dd/yy)		Rating	
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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 No. 10713, Data Privacy Act of 2012.

Signature over Printed Name of Applicant

Date Accomplished

OR	NO.:	<input type="text"/>
	DATE:	<input type="text"/> , 20 <input type="text"/>
	AMOUNT:	P210.00
		Collecting Officer