



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 [Redacted]

NO. OF YEARS

TYPE OF CERTIFICATE

<input type="checkbox"/> 1RTG
<input type="checkbox"/> 2RTG
<input type="checkbox"/> 3RTG
<input type="checkbox"/> 1PHN
<input type="checkbox"/> 2PHN
<input type="checkbox"/> 3PHN

<input type="checkbox"/> SROP
<input type="checkbox"/> RROC-Land Mobile (RLM)
<input type="checkbox"/> RROC-Aircraft
<input type="checkbox"/> GROC (Government)
<input type="checkbox"/> TP RROC-Aircraft (Foreign Pilot)
<input type="checkbox"/> OTHERS, specify [Redacted]

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	Male	<input checked="" type="checkbox"/>	Female		<input type="checkbox"/> Local	<input type="checkbox"/> Foreign	
Nationality	Filipino			Street			
Unit/Rm/House/Bldg No.				City/Municipality			
Barangay	Brgy 4			Zip Code	9506		
Province	South Cotabato			Email Address			
Contact Number	09694398967						

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.

[Redacted]

Signature over Printed Name of Applicant

[Redacted]

Date Accomplished

OR NO.: _____
DATE: _____, 20 ____
AMOUNT: P210.00
Collecting Officer