

## 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

ADDI IOATION EOD		ODED ATOD	EVALUATION
APPLICATION FOR	RADIO	OPERAIOR	-XAMINAII()N

		ALLEGATION	OK ICADIO OI LIG	TON EXPANSIV	Allon			
INSTRUCTIONS		onlication form properly i	n ALL CARS handwritt	on or computer or	intod			
(1) Accomplish this application form properly, in ALL CAPS, handwritten or computer-printed.					1110111	1"x1" ID		
(2) Attach the complete requirements including supporting documents. For the List								
of requirements, please refer to the <i>NTC Citizen's Charter</i> at the NTC website: <a href="https://ncc.gov.ph">ntc.gov.ph</a> (3) Check (✔) appropriate box. Indicate "N/A" for items not applicable.						Pictu	re	
(3) Chec	к (🗸 ) арргор	riate box. indicate N/A i	or items not applicable.					
RADI <u>OTEL</u> EGRA	PHY		AMA	TEUR				
1RTG - Elements 1, 2, 5, 6 & Code (25/20 wpm)			Class A - Elements 8, 9, 10 & Code (5 wpm)					
1RTG - Code (25/20 wpm)			Class A - Code (5 wpm) Only					
2RTG - Elements 1, 2, 5, 6 & Code (16 wpm)			Class B - Elements 5, 6 & 7 Class B - Element 2					
2RTG - Code (16wpm) 3RTG - Elements 1, 2, 5 & Code (16 wpm)			Class C - Elements 2, 3 & 4					
3RTG - Code (16wpm)			Class D - Element 2					
RADIOTELEPHO			RES <sup>-</sup>	RICTED RADIO				
1PHN - Elements 1, 2, 3 & 4			RROC - Aircraft - Element 1					
	- Elements 1,		DAT	- 05 57444			_	
	- Elements 1	& 2 	DAII	E OF EXAM (mm/c	id/yy) [			
APPLICANT'S DE	ETAILS			ID-4 4 D:44- /	/ L I /			
Last Name First Name				Date of Birth (mm		<u> </u>	I=	
Middle Name				Sex	Male		Female	
Unit/Rm/House/Bl	da No			Nationality Street				
Barangay	ug No.			City/Municipality				
Province				Zip Code				
Contact Number				Email Address				
School Attended								
Course Taken				Year Graduated				
APPLICANT'S RE	QUEST FO	R ASSISTANCE (for person	ons with disabilities, senior	citizens, pregnant w	vomen or persons with s	pecial needs)		
_ , _ , .		nd/or requests during the exa	mination?	Yes No				
	te your specifi	c needs and/or request.						
DECLARATION			at Hardentha Bardand Ba		hald liable for any will	6 .		
		re entries are true and corre application form that may s						
		am freely giving full consent						
10713, Data Privacy				г.			1	
				!	OR No.: —			
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Signature over Printed Name of Applicant			1	AMOUNT:				
		2 ( A )		! !				
		Date Accomplished		i	Collecting C	Officer	i	
		THIS FORM IS	NOT FOR SALE AND CAN	N BE REPRODUCED				
		EXAN	MINATION ADMISS	ION SLIP				
TO: THE CHAIRP	ERSON. Ra	dio Operators Examinat	tion Committee					
Please adm								
with mailing	address at						2000000000	
-						1"x1"	ID	
in the exam	ination for					Pictu	ire	
Place of Ex	am:			]	-			
Date of Exa	m: (mm/dd/y	y)		1				
Time of Exa	, .			1				
		<u></u>						
					Authorized Offic	cer	_	
INSTRUCTIONS	FOR THE EX	KAMINEE:						

- 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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