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

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

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

1"x1" ID Picture

RADIOTELEGRAPHY

- [ ] 1RTG - Elements 1, 2, 5, 6 & Code (25/20 wpm)
- [ ] 1RTG - Code (25/20 wpm), *For removal*
- [ ] 1RTG - Code (25/20 wpm), *For 2RTG Holder*
- [ ] 2RTG - Elements 1, 2, 5, 6 & Code (16 wpm)
- [ ] 2RTG - Code (16wpm), *For upgrade/removal*
- [ ] 3RTG - Elements 1, 2, 5 & Code (16 wpm)
- [ ] 3RTG - Code (16wpm), *For removal*

RADIOTELEPHONY

- [ ] 1PHN - Elements 1, 2, 3 & 4
- [ ] 2PHN - Elements 1, 2 & 3
- [ ] 3PHN - Elements 1 & 2

AMATEUR

- [ ] Class A - Elements 8, 9, 10 & Code (5 wpm)
- [ ] Class A - Code Only
- [ ] Class B - Elements 5, 6 & 7
- [ ] Class B - Element 2 (for Registered ECE only)
- [ ] Class C - Elements 2, 3 & 4
- [ ] Class D - Element 2

RESTRICTED RADIOTELEPHONE OPERATOR CERTIFICATE - AIRCRAFT

- [ ] RROC - Aircraft - Element 1

APPLICANT'S DETAILS

Last Name	Ubanan	Date of Birth (mm/dd/yy)	05/24/03
First Name	Aries Paul	Sex	[ ] Male [ ] Female
Middle Name	Ramas	Nationality	Filipino
Unit/Rm/House/Bldg No.	Block 7 Lot 7	Street	Villa Solana
Barangay	Pooc	City/Municipality	Talisay
Province	Cebu	Zip Code	4065
Contact Number	09396282195	Email Address	ubananariespaul@gmail.com
School Attended	Cebu Aeronautical Technical School		
Course Taken	Bachelor of Science in Aircraft Maintenance Technology	Year Graduated	2025

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.: _____
DATE: _____, 20____
AMOUNT: _____

_____
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: (mm/dd/yy)
Time of Exam:

1"x1" ID Picture

Authorized Officer

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.*

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