



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 style="width: 100%;" type="text"/>	

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, <i>specify</i>
<input style="width: 100%;" type="text"/>	

APPLICANT'S DETAILS

Last Name		Date of Birth (mm/dd/yy)	
First Name		Weight (kg)	Height (cm)
Middle Name		Status of Employment	Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Local <input type="checkbox"/> Foreign <input type="checkbox"/>	
Nationality			
Unit/Rm/House/Bldg No.	Street		
Barangay	City/Municipality		
Province	Zip Code		
Contact Number	Email Address		

EXAM/SEMINAR DETAILS

Place of Exam/Seminar	Date (mm/dd/yy)	Rating
-----------------------	-----------------	--------

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 style="width: 100%;" type="text"/>
	DATE:	<input style="width: 100%;" type="text"/> , 20 <input style="width: 20px;" type="text"/>
	AMOUNT:	<input style="width: 100%;" type="text"/>
Collecting Officer		