



## APPLICATION FOR RADIO OPERATOR CERTIFICATE

**INSTRUCTIONS:** All blanks must be filled up properly. Indicate "N/A" for the items not applicable. Duly accomplished form must be submitted with required/supporting documents. Print all entries in block or **CAPITAL LETTERS**.

1PHN	1RTG	ROC-AIRCRAFT/RMAP	RROC-LAND MOBILE	GROC
2PHN	2RTG	RROC-SHIP	SROP-GOV'T	OTHERS
3PHN	3RTG	ROC-SLOP	AMATEUR	_____

TYPE:  New  Ren NUMBERS OF YEARS: \_\_\_\_\_

<b>1. APPLICANT</b>	:	_____
		Surname                      First Name                      Middle Name
<b>2. ADDRESS</b>	:	_____
		No./ Streets/ Road                      Barangay
		City/Municipality                      Province                      Zip Code
<b>3. CONTACT NO(S).</b>	:	_____ <b>EMAIL ADD:</b> _____ <b>SEX:</b> _____
<b>4. DATE OF BIRTH (mm/dd/yy)</b>	:	_____ <b>HEIGHT (cm):</b> _____ <b>WEIGHT(kg):</b> _____
<b>5. PLACE OF EXAM/ SEMINAR:</b>	:	_____ <b>DATE (mm/dd/yy):</b> _____ <b>RATINGS:</b> _____
<b>6. NAME OF EMPLOYER</b>	:	_____
<b>7. ADDRESS</b>	:	_____
<b>8. POSITION</b>	:	_____
<b>9. SUPPORTING DOCUMENTS/ REQUIREMENTS :</b>	:	_____

- I. NEW**
  - a. Original copy of report of rating or certified true copy of result for PHN/ RTG/AMATEUR or certificate of completion of seminar from NTC for RROC-LAND MOBILE/SROP-GOV'T/SLOP/GROC.
  - b. Three (3) pcs. 1 x 1 ID Picture
  - c. Show of proof of any valid Government Issued ID.
  - d. Service record, Certification as Radio Operator or one who operates a radio station duly signed by the Head of Human Resource Unit of the agency. (for GROC only).
- II. RENEWAL**
  - a. Original copy of certificate to be renewed.
  - b. Three (3) pcs. 1 x 1 ID Picture

**10. DECLARATION OF APPLICANT**

***I HEREBY CERTIFY*** that all above entries are true and correct and that I shall be held liable for any wilful false statements made in this application under the Revised Penal Code. Any false statement or misinterpretation made in connection with this application shall constitute a valid ground for the denial of this application and/or revocation of the permit to be granted. Further, I am freely giving, specific, informed indication of my will and full consent for the collection and processing of my personal information in accordance with Data Privacy Act of 2012.

\_\_\_\_\_  
 Signature over Printed Name of Applicant

\_\_\_\_\_  
 Date

**OR** NO: \_\_\_\_\_  
 DATE: \_\_\_\_\_, 20\_\_\_\_  
 AMOUNT: \_\_\_\_\_  
 \_\_\_\_\_  
**CASHIER**

*THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED*

Revision No.: \_\_\_\_\_  
 Revision Date: \_\_\_\_\_

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**NTC REGIONAL OFFICE NO.:** \_\_\_\_\_ | \_\_\_\_\_  
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