



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

Form No. NTC 1-02  
 Revision No. 02  
 Revision Date 03/31/2023

**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** at the NTC website: [ntc.gov.ph](http://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 type="text"/>	

NO. OF YEARS

**TYPE OF CERTIFICATE**

<input type="checkbox"/>	1RTG	<input type="checkbox"/>	SROP
<input type="checkbox"/>	2RTG	<input type="checkbox"/>	RROC-Land Mobile (RLM)
<input type="checkbox"/>	3RTG	<input type="checkbox"/>	RROC-Aircraft
<input type="checkbox"/>	1PHN	<input type="checkbox"/>	GROC (Government)
<input type="checkbox"/>	2PHN	<input type="checkbox"/>	TP RROC-Aircraft (Foreign Pilot)
<input type="checkbox"/>	3PHN	<input type="checkbox"/>	OTHERS, specify
<input type="text"/>			

**APPLICANT'S DETAILS**

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

**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.

Signature over Printed Name of Applicant

Date Accomplished

**OR** NO.: \_\_\_\_\_  
 DATE: \_\_\_\_\_, 20\_\_\_\_  
 AMOUNT: \_\_\_\_\_  
 \_\_\_\_\_  
 Collecting Officer