



**APPLICATION FOR AMATEUR RADIO OPERATOR CERTIFICATE/  
 AMATEUR RADIO STATION LICENSE**

**INSTRUCTIONS:**

- Accomplish this application form properly, in ALL CAPS, handwritten or computer-printed.
- 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: <https://ntc.gov.ph>
- Check (✓) appropriate box. Indicate "N/A" for items not applicable.

**TYPE OF APPLICATION**

NEW  
 RENEWAL  
 MODIFICATION due to \_\_\_\_\_

**NO. OF YEARS**

**TYPE OF PERMIT/  
 LICENSE/CERTIFICATE**

Amateur Radio Operator Certificate  
 Amateur Radio Station License

Club Radio Station License

Name of Club \_\_\_\_\_

Assigned Freq. \_\_\_\_\_

Temporary Permit for Foreign Visitor

Special Permit for Vanity/Special Call Sign

Preferred Call Sign/s: \_\_\_\_\_

**CLASS OF STATION**

Class A  
 Lifetime  
 Class B  
 Class C  
 Class D

**APPLICANT'S DETAILS**

Last Name				Date of Birth (mm/dd/yy)			
First Name				Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Middle Name				Nationality			
Call Sign		ATROC/ARSL No.		Validity (mm/dd/yy)			
Unit/Rm/House/Bldg No.				Street			
Barangay				City/Municipality			
Province				Zip Code			
Contact Number				Email			

**EXAMINATION DETAILS**

Place of Exam		Date (mm/dd/yy)		Rating	
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**PARTICULARS OF EQUIPMENT** (Use separate sheet/s, if necessary)

Make	Type/Model	Serial Number	Frequency Range

**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