



APPLICATION FOR RADIO OPERATOR CERTIFICATE

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

<input type="checkbox"/>	1PHN	<input type="checkbox"/>	1RTG	<input type="checkbox"/>	PROC-AIRCRAFT/ RMAP	<input type="checkbox"/>	RLM	<input type="checkbox"/>	GROC
<input type="checkbox"/>	2PHN	<input type="checkbox"/>	2RTG	<input type="checkbox"/>	PROC - SHIP	<input type="checkbox"/>	SROP	<input type="checkbox"/>	OTHERS
<input type="checkbox"/>	3PHN	<input type="checkbox"/>	3RTG	<input type="checkbox"/>	PROC - SLP	<input type="checkbox"/>	AMATEUR		
TYPE: <input type="checkbox"/> New <input type="checkbox"/> Ren NUMBER OF YEARS: _____									

1 **APPLICANT** : _____
Surname First Name Middle Name

2 **ADDRESS** : _____
No./ Streets/ Road Barangay

_____ City/Municipality Province Zip Code

3 **CONTACT NO. (S)** : _____ **EMAIL ADD:** _____

4 **HEIGHT (cm)** : _____ **WEIGHT (kg)** _____ **GENDER:** _____ **STATUS:** _____

5 **PLACE OF EXAM/ SEMINAR** : _____ **DATE:** _____ **RATINGS:** _____

6 **NAME OF EMPLOYEE** : _____

7 **ADDRESS** : _____

8 **POSITION** : _____

9 SUPPORTING DOCUMENTS/ REQUIREMENTS :

I. NEW

- a. Original copy of report of rating or certified true copy of result of rating for PHN/RTG/RROC/AMATEUR or certificate of completion of seminar from NTC for RLMOP/SROP/SLP/GROC.
- b. Three (3) pcs. 1 X 1 ID Picture
- c. Duly accomplished information sheet (handwritten)
- d. Photocopy of any valid Government issued ID
- e. Service record, Certificate of good moral character and 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).

II. RENEWAL

- a. Original copy of certificate to be renewed.
- b. Three (3) pcs. 1 X 1 ID Picture

10 CERTIFICATION

I HEREBY CERTIFY that all above entries are true and correct and that I shall be held liable for any willful false statements made in this application under the Revised Penal Code. Any false statement or misrepresentation made in connection with this application shall constitute a valid ground for the denial of this application and/or cancellation/ revocation of the permit to be granted.

Signature over Printed Name of Applicant

Date

OR NO: _____
DATE: _____, 20____

AMOUNT: _____

CASHIER



COMISION NACIONAL TECNICA DE OPERADORES DE RADIO
COMISION NACIONAL TECNICA DE OPERADORES DE RADIO

APPLICATION FOR RADIO OPERATOR OF NTC

1. FULL NAME: _____

2. DATE OF BIRTH: _____

3. SEX: Male Female

4. NATIONALITY: _____

5. MARITAL STATUS: Single Married Widowed

6. OCCUPATION: _____

7. ADDRESS: _____

8. CITY: _____

9. DEPARTMENT: _____

10. PHONE NUMBER: _____

11. SIGNATURE: _____

12. DATE: _____

DECLARATION OF CANDIDATE: I hereby declare that the information provided in this application is true and correct. I am a Nicaraguan citizen and I am not under any legal restriction that prevents me from exercising the profession of radio operator. I am aware of the responsibilities and requirements of the position and I commit myself to comply with the regulations of the NTC.

SIGNATURE OF CANDIDATE: _____

DATE: _____



NTC REGIONAL OFFICE NO.: _____

Office Address: _____

Contact No.: _____

Fax No.: _____

E-mail Address: _____