



**APPLICATION FOR COMMERCIAL RADIOTELEPHONE /  
RADIOTELEGRAPH OPERATOR EXAMINATION**

1. Check class of examination being applied for and circle the elements to be taken:
- |  |   |
|--|---|
| <input type="checkbox"/> 1PHN E1. 1, 2, 3, 4 | <input type="checkbox"/> 1RTG E1. 1, 2, 5, 6 & Code (20/25 wpm) |
| <input type="checkbox"/> 2PHN E1. 1, 2, 3,   | <input type="checkbox"/> 2RTG E1. 1, 2, 5, 6 & Code (16 wpm)    |
| <input type="checkbox"/> 3PHN E1. 1, 2,      | <input type="checkbox"/> 3RTG E1. 1, 2, 5 & Code (16 wpm)       |
|  | <input type="checkbox"/> 1RTG Code Test Only                    |
|  | <input type="checkbox"/> 2RTG / 3RTG Code Test (Removal)        |

2. PLACE OF EXAM : \_\_\_\_\_ DATE : \_\_\_\_\_

3. Applicant: \_\_\_\_\_  
(Print) Last Name First Name Middle Name

4. Mailing Address: \_\_\_\_\_

5. Birthdate: \_\_\_\_\_ Place: \_\_\_\_\_ Age: \_\_\_\_\_  
Mo. / Day / Yr.

6. Radio Operator Course Completed: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ School Graduated: \_\_\_\_\_

DepED Special Order No. \_\_\_\_\_

7. Previous Exam Taken (Repeater Only)

\_\_\_\_\_

\_\_\_\_\_

(State type, class, place and date)

\_\_\_\_\_

Signature of applicant

VERIFIED BY:

**NOTICE OF ADMISSION (To be filled up by the Applicant)**

PLACE OF EXAM \_\_\_\_\_ DATE \_\_\_\_\_

TO : THE CHAIRMAN, RADIO OPERATORS EXAMINATION COMMITTEE

Please admit \_\_\_\_\_ with mailing address

in the examination for Radiotelephone / Radiotelegraph Operator. (Check the Class of Examination being applied for and circle the elements to be taken)

- |  |   |
|--|---|
| <input type="checkbox"/> 1PHN E1. 1, 2, 3, 4 | <input type="checkbox"/> 1RTG E1. 1, 2, 5, 6 & Code (20/25 wpm) |
| <input type="checkbox"/> 2PHN E1. 1, 2, 3,   | <input type="checkbox"/> 2RTG E1. 1, 2, 5, 6 & Code (16 wpm)    |
| <input type="checkbox"/> 3PHN E1. 1, 2,      | <input type="checkbox"/> 3RTG E1. 1, 2, 5 & Code (16 wpm)       |
|  | <input type="checkbox"/> 1RTG Code Test Only                    |
|  | <input type="checkbox"/> 2RTG / 3RTG Code Test (Removal)        |

**ENGR. JOSELITO C. LEYNES**  
Regional Director, R-IV