



**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