



APPLICATION FOR AMATEUR RADIO OPERATOR EXAMINATION

(To be filed at the Commission's Office in the Region where the examination is to be held)

1. Check type and class of examination being applied for and circle the elements to be taken:

- () CLASS "A" ELEMENT 1, 8, 9, 10
 () CLASS "B" ELEMENT 1, 5, 6, 7
 () CLASS "C" ELEMENT 1, 2, 3, 4

2. PLACE OF EXAM : _____ DATE : _____

3. Applicant: _____
 (Print) Last Name First Name Middle Name

4. Mailing Address: _____
 _____ Tel. No.: _____

5. Birthdate: _____ Place: _____ Age: _____
 Mo. / Day / Yr.

6. Nationality: _____ Civil Status: _____

7. Applicant is () Holder of valid First Class Radiotelephone/Radiotelegraph Operator Certificate
 () Registered Electronics Engineer
 () Holder of Class _____ License

8. Latest Amateur Radio Exams taken: _____
 (State Class, Date and Place of Exam)

 Signature of Applicant

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 of (Check class and circle the elements to be taken):

- | | | | | | | |
|--------------------------------------|---------------|---------|----|----|----|----|
| 1" x 1 "
ID picture
Paste here | () CLASS "A" | ELEMENT | 1, | 8, | 9, | 10 |
| | () CLASS "B" | ELEMENT | 1, | 5, | 6, | 7 |
| | () CLASS "C" | ELEMENT | 1, | 2, | 3, | 4 |

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