



**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 "<br>ID picture<br>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