



Republic of the Philippines  
Office of the President  
**NATIONAL TELECOMMUNICATIONS COMMISSION**  
National Capital Region  
BIR Road, East Triangle, Diliman, Quezon City  
Tel. No. (02) 924-4010, (02) 967-8124 Tel/Fax : (02)924-4072

No  
Corruption &  
Red Tape

**PROOF OF AMATEUR ACTIVITY**

Date: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Radio Station License / Operator's Certificate No. \_\_\_\_\_
4. Effectively Date: \_\_\_\_\_
5. Class of stations / Operators: \_\_\_\_\_
6. Amateur Activities from time of issuance of license:

ACTIVITY	DATES		NO. OF CONTACTS TYPE:
	FROM	TO	
A. DX	_____	_____	_____
B. TECHNICAL	_____	_____	_____
C. EMERGENCY COMMUNICATION	_____	_____	EMERGENCY SITUATION
	_____	_____	_____
	_____	_____	_____

D. CLUB MEMBERSHIP  
\_\_\_\_\_  
( Enclose your club certification )

\_\_\_\_\_  
Applicant's Signature

Res. Cert. No. : \_\_\_\_\_  
Date Issued : \_\_\_\_\_  
Place Issued : \_\_\_\_\_  
TIN : \_\_\_\_\_

**ENDORSEMENT**

I, \_\_\_\_\_ President of \_\_\_\_\_  
( Name and Call Sign )  
\_\_\_\_\_ duly endorses the above applicant as having involved in the activities mentioned above.

\_\_\_\_\_  
Signature over printed Name

NOTE: This form to be filled in duplicate to be submitted with your applicant for renewal of Amateur Radio License.

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Return Stub to applicant: \_\_\_\_\_  
Family Name First Name M.I

Transaction/ Record No. \_\_\_\_\_  
Please claim certificate on \_\_\_\_\_ at \_\_\_\_\_ AM/PM  
Processor: \_\_\_\_\_  
Name