

Repeater Coordination Form

Submission Information

Initial Request Database Changes Information Only

Date:

\$10.00 Annual Membership Dues submitted

\$10.00 New Coordination Fee submitted

Licensee Information

Name:

Callsign:

Phone:

Address:

City:

Prov/State: PC/Zip:

Club - Acronym:

- Name:

Email:

Location & Coverage Information:

Geographical Area:

Location:

County:

Latitude: Degrees Minutes Seconds North

Longitude: Degrees Minutes Seconds West

Ground Elevation(AMSL): Feet

Antenna Height Above Ground: Feet

Maximum Effective Radiated Power (ERP) Watts

Transmitter Power: Antenna Gain:

Antenna Pattern: Omni-directional
 Other (Describe Antenna Pattern Below):

Repeater Features

Autopatch

Closed Autopatch (may be used w/ authorization)

Uninterrupted Power Supply

Dual Squelch

Frequency Agile Transceiver Band

Link Group name or Frequencies:

Crossband Frequency:

Other features:

Publish in ARRL Repeater Directory Yes No

Repeater/Link Specifications

TX Is Repeater TX Freq.: MHz

TX Is Link

RX Is Repeater RX Freq.: MHz

RX Is Link

Repeater/Link Callsign:

Repeater/Link Trustee Callsign:

Emission/Bandwidth: 16KF3 Other

Status: Active Testing Proposed

Access: CTCSS Hz

Carrier DTMF

Other

I have read and agree to follow the WNYSORC rules for frequency coordination. The data contained on this form is valid and accurate to the best of my knowledge I understand that failure to submit annual updates may jeopardize the status of this coordination. I further understand that if I make any changes in the location or operation, this coordination may no longer be valid and I may have to request a new coordination. I agree to inform The Council of any and all changes to this repeater.

Signature:
& Call

(Your name & call sign entered, above, constitutes legal signature.)