

### Repeater Coordination Form - 2012

**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:

Club - Name:

Email:

**Location & Coverage Information**

Geographical Area:

Location:

County:

Latitude:  Degrees     Minutes     Seconds    North

Longitude:  Degrees     Minutes     Seconds    West

Ground Elevation:  Feet

Antenna Height Above Ground:  Feet

Maximum Effective Radiated Power (ERP):  Watts

Transmitter Power:     Antenna Gain:  Db

Antenna Pattern:     Omni-directional  
 Other (Describe 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**     Repeater    Freq:  MHz  
 Link

**RX**     Repeater    Freq:  MHz  
 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.)