

Repeater Coordination Form - 2010

Submission Information

Initial Request
 Database Changes
 Information Only

Date:

\$10.00 Annual Membership Dues submitted
 \$10.00 New Coordination Fee submitted

Licensee Information

Name:

Call sign:

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.)