

AREA REPEATER COORDINATION COUNCIL (ARCC). INC.

Amateur Radio Repeater and Auxiliary Link Frequency Coordination

REPEATER COORDINATION APPLICATION

Revision H

General Information

Data for all parameters is required

Transmitter Callsign: _____ Sponsor (10 characters max): _____

Issue Coordination to: _____ Callsign: _____

Sponsored by an individual Sponsored by a club/group/association: _____ members

Application Type

Select only ONE option!

- Application for a NEW standard repeater coordination
- Application for a NEW SNP repeater coordination
- Application to MODIFY an existing coordination
- WAITING LIST: 6m 2m 1.25m 70cm

Do not specify frequencies in the box to the right for waiting list applications. Read ARCC's Waiting List Policies before filing this application.

Repeater Frequencies

Enter one frequency per line

- I request that ARCC recommend frequencies
Indicate desired band instead of actual frequencies

Input Frequency: _____ MHz

Output Frequency: _____ MHz

Emission Designator: _____

Control Frequency: _____ MHz

Geographic Information for Repeater Transmitter Site

Data for all parameters is required. This information is confidential – only Location Name is shown in directories.

Facility: _____

Address: _____

City: _____ County: _____ State: _____

Location Name used in repeater directory (14 characters max): _____

Base Ground Elevation: _____ feet Latitude: N _____ ° _____ ' _____ " NAD83

Antenna Height Above Ground: _____ feet Longitude: W _____ ° _____ ' _____ " NAD83

Height Above Average Terrain: _____ feet Antenna Structure Registration #: _____

Transmitter Power

Data for all parameters is required

If you are unsure on how to complete this section, please refer to the Coordination Application Instructions. You may also utilize the EIRP Worksheet to assist you in determining these values.

Note that ARCC uses decibels referenced to an isotropic radiator as its standard for antenna gain figures. Be sure to convert dBd values to dBi by adding 2.14 dB when necessary.

Transmitter Power Output (TPO): _____ watts

Antenna System Losses: _____ dB

Maximum Antenna Gain at Horizon: _____ dBi

Effective Isotropic Radiated Power (EIRP): _____ watts

If left blank, ARCC will calculate EIRP based on the first three values

Antenna Radiation Pattern

Select one and fill in all associated parameters

- Omnidirectional - top mounted

- Omnidirectional - side mounted

Favored Direction: _____ °

Shadowed Direction: _____ °

- Elliptical/Bidirectional

Major Lobe Axis: _____ °

-3 dB Beamwidth: _____ °

Front-to-Side Ratio: _____ dB

- Cardioid/Unidirectional

Major Lobe: _____ °

-3 dB Beamwidth: _____ °

Front-to-Back Ratio: _____ dB

Antenna Polarization:

- Vertical Horizontal Circular/Elliptical

Repeater Operating Parameters and Special Features

Select ONE choice in each category; multiple selections allowed for Backup Power and Service Affiliation

Repeater Usage Policy	List Repeater in Directories	Linked System	Remote Base(s)	Severe Weather Net	List PL/DPL Code in Directories
<input type="checkbox"/> Open	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Closed/Private	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Access Control <small>SNP:leave tone/code blank</small>	Autopatch Type	Backup Power	Service Affiliation(s)	Long-Tone Zero (LITZ) Support	Bi-Lingual Repeater
<input type="checkbox"/> PL _____	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> DPL _____	<input type="checkbox"/> Open	<input type="checkbox"/> Battery	<input type="checkbox"/> RACES	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> DTMF _____	<input type="checkbox"/> Closed	<input type="checkbox"/> Generator	<input type="checkbox"/> ARES		
<input type="checkbox"/> N/A (P25, ATV, etc.)		<input type="checkbox"/> Wind	<input type="checkbox"/> OEM		

Web site URL (hyperlink used in on-line database): _____

Primary Contact

Name, callsign, mailing address, and a telephone number are required

Name: _____ Callsign: _____ Trustee Owner Tech Committee
 Address: _____ City: _____ State: ____ Zip: _____
 Daytime Phone: _____ Nighttime Phone: _____ Fax: _____
 Email Address: _____ Monitor: _____

Secondary Contact

It is recommended that you provide a secondary contact, but it is not required

Name: _____ Callsign: _____ Trustee Owner Tech Committee
 Address: _____ City: _____ State: ____ Zip: _____
 Daytime Phone: _____ Nighttime Phone: _____ Fax: _____
 Email Address: _____ Monitor: _____

Repeater Hardware

This section is optional. It is used to confirm accuracy of the coordination data, and for statistical purposes.

Repeater Transmitter: _____ Repeater Receiver: _____
 Repeater Power Amplifier: _____ Receive Preamp: _____
 Transmit Antenna: _____ Receive Antenna: _____
 Repeater Controller: _____ Feedline: _____
 Duplexing/Combining Equipment: _____
 Remote Base Hardware/Antennas: _____
 Link Hardware/Antennas: _____

I have read and agree to follow all ARCC, Inc. policies, rules, and procedures for frequency coordination. I understand that there is no guarantee that this application will be approved and a coordination issued. I attest that the data contained in this form is accurate to the best of my knowledge. I will provide updated information to ARCC as necessary. I understand that the parameters specified herein must match the operating parameters of the repeater exactly at all times in order for this coordination to remain valid.

Signature: _____ Callsign: _____ Date: _____