

# A.R.C.A. Repeater Frequency Coordination Application Form

*Please See Instructions*

New Coordination:  Relocation of Existing:  Modification of Existing:

Band: 10m  6m  2m  222  420  440  902  1240  Microwave

## Section 1 -- Repeater Information

Repeater Call: \_\_\_\_\_ Repeater Location: \_\_\_\_\_  
Output Freq: \_\_\_\_\_ Input Freq: \_\_\_\_\_

Transmitter Power: \_\_\_\_\_ Watts. System ERP: \_\_\_\_\_ Watts

Emission: \_\_\_\_\_ Check equipment specs for actual Emission type

Latitude: N   °   ‘   ” (DD/MM/SS) Longitude: W   °   ‘   ” (DDD/MM/SS)

Site Elevation Above Sea Level: \_\_\_\_\_ ft Antenna Elevation - Above Ground: \_\_\_\_\_ ft

Manufacturer and model of the transmitting antenna: \_\_\_\_\_

Antenna Gain (dBd): \_\_\_\_\_ Polarity: \_\_\_\_\_ Pattern: \_\_\_\_\_ Bearing: \_\_\_\_\_ °

Mountain Top Site:  HAAT: \_\_\_\_\_ Repeater Geographic Area: PHX METRO

### **Repeater Type Codes:**

This application is for a LINK  Portable:   
Closed/Private:  Autopatch:  Closed Autopatch:  Emergency Power:

Races:  Television:

Linked:  Remote Base

VOIP Link:  Type: Echolink  Node # \_\_\_\_\_ IRLP  Node # \_\_\_\_\_  
Access: Tone / Code/ DPK / PL: \_\_\_\_\_ LTZ:  DTMF:

Remarks or additional information: \_\_\_\_\_

## Section 2 – Single Point of Contact for Coordination Related Communications

Name: \_\_\_\_\_ Call: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: AZ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (Evening): \_\_\_\_\_

**Section 3 -- Site Information and Location**

(Attach a copy of Site Agreement with this application.)

Address / Location of Site:

Site Owner or Manager Name:

Site Owner or Manager Phone:

Site Owner or Manager Address:

Site Owner or Manager City: State: Zip:

Site Owner or Manager E mail:

**Section 4 – Repeater Sponsor / Owner / Club**

Name: Call:

Address:

City: State: Zip:

Email:

Telephone (Day): Telephone (Evening):

**Section 5 – Licensee**

Name: Call:

Trustee (if applicable): Call:

Address:

City: State: Zip:

Email:

Telephone (Day): Telephone (Evening):

Estimated date when station will be on-the-air:

Signature: Date of Application:

Please send completed form to the coordinator for the appropriate band listed on the [coordinators](http://www.azfreqcoord.org/coord.html) website (<http://www.azfreqcoord.org/coord.html>), or e-mail it to: [coordinators@azfreqcoord.org](mailto:coordinators@azfreqcoord.org)