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

Please See Instructions

New Coordination: ☐   Relocation of Existing: ☐   Modifiction 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: _____ Other: _____   *Check equipment specs for Emission type*

Latitude: N ____ ° ____ ' ____ " (DD/MM/SS) Longitude: W ____ ° ____ ' ____ " (DD/MM/SS)

Site Elevation Above Sea Level: _____ Antenna Elevation Above Ground: _____

Manufacturer & Model of Transmitting Antenna: _____

Antenna Gain (dBd): _____ Polarity: _____ Pattern: _____

Antenna Main Lobe Bearing: _____

Mountain Top Site: ☐ HAAT: _____ Repeater Geographic Area: _____

Repeater Type Codes: Indicate all that apply

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: _____ Value: _____ 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

(Include Site Agreement or letter from site owner giving permission to install 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 Email:

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:

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 website (http://www.azfreqcoord.org/coord.html), or e-mail it to: coordinators@azfreqcoord.org.