

COORDINATION FORM



 COORDINATION REQUEST **COORDINATION UPDATE**

*** REQUIRED FIELD ("SAME" or "NO CHANGES" NOT ACCEPTABLE)**

Sponsor (Club/Individual): _____

Repeater Call Sign: _____

Trustee Name: _____

Trustee Call Sign: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work / Cell Phone:** _____

E-Mail Address: _____ **Website:** _____

Nearest Town: _____ **County:** _____

Site Name (Local Name): _____

Latitude: ___ Degrees ___ Minutes ___ Seconds (not decimal format)

Longitude: ___ Degrees ___ Minutes ___ Seconds (not decimal format)

Site Elevation: _____ FT. **Antenna Height (Above Ground Level):** _____ FT.

Transmit Power: _____ Watts **Antenna Gain:** _____ dBi / dBd

Band of Operation:

 29 50 144 220 440 900 1200 (MHz) ATV LINK

 DIGITAL (P25) D-STAR

TX Frequency Requested: _____ (Leave blank if requesting ANY frequency)

Frequency Split: Normal Odd/Special Request _____

Repeater Features (Check ALL that apply):

 OPEN System CLOSED System

 CARRIER Squelch TONE / DCS Squelch: _____ Hz/DCS Tone RX TX Both

 Auto Patch: OPEN CLOSED 911 Access

 Linked (If YES, what are link frequencies): _____

 Remote Base Experimental Portable/Emergency LiTZ Alert

 Wide Area ARES RACES WX Net RTTY/ASCII/Packet

 Emergency Power: Generator Battery Solar Wind Other

I have read the Frequency Coordination Guidelines and agree to abide by the Guidelines. I understand that ANY change in the operational parameters (location, antenna height, transmit power, ERP or frequency) will AUTOMATICALLY VOID the coordination and will release the frequency back to the pool for reassignment.

Signature: _____

Date: _____

Please send COMPLETED application to:

ARC Coordinator POB 378 Royal, AR 71968

-or-

Via E-Mail to arkansasrepeaters@gmail.com