

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)

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 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 w5lrb@arrl.net