# MISSOURI REPEATER COUNCIL, Inc.

## APPLICATION FOR FREQUENCY COORDINATION

Repeater Owner/Sponsor: _____

### Repeater Contact Person

Name:_____     Call: _____

Address: _____

Address2: _____

City:_____     State:_____     Zip:_____+4_____

Email Address: _____

Telephone: _____     Alternate: _____

### Repeater Trustee:

Name:_____     Call: _____

Address: _____

Address2: _____

City:_____     State:_____     Zip:_____+4_____

Email Address: _____

Telephone: _____     Alternate: _____

Each Remote Receive Site must also be coordinated. Please include additional copies of this form for each remote receive site in your system.

I have read the "Frequency Coordination Guidelines" and by signing below, agree to abide by these guidelines.  If not, I may lose my coordination.

SIGNED: _____     DATE:_____

The technical parameters of the proposed system must be clearly documented on Page 2 before the coordination process can begin.

The application process takes 30 days or more in some cases. Please do not inquire about the status of your application until the normal 30-day processing time has elapsed.

Please return the signed application to one of the frequency coordinators listed on the website.

## Repeater Information

Repeater Call: _____  Proposed Band: _____

Proposed Frequency:  Output_____  Input_____
                              Leave Blank                      Leave Blank

Area Served (City)_____

Site Address: _____
              (Example: 120 So. Main or 1« miles West of Highway 92, on County Rd "J")

City:_____  County: _____

### Mandatory Technical Parameters required for the coordination process.

☐ Check if Receiver Location is Same as Transmitter (If so, skip Receiver Lat/Lon Entry)

| MAIN TRANSMITTER | COMMENTS | MAIN RECEIVER |
|---|---|---|
| _____Degrees | Latitude (Deg.to 6 Decimals) | _____Degrees |
| _____Degrees | Longitude (Deg. to 6 Decimals) | _____Degrees |
| TX Power_____(Watts) | | RX Sensitivity_____(uV) |
| TX Duplexer Loss_____(dB) | | RX Duplexer Loss_____(dB) |
| TX Feedline Type_____ | | RX Feedline Type_____ |
| TX Feedline Length_____(ft) | | RX Feedline Length_____(ft) |
| TX Antenna Gain_____(dB) | Over Dipole | RX Antenna Gain_____(dB) |
| TX Antenna_____ | Make/Model | RX Antenna_____ |
| TX Antenna Type_____ | Omni or Directional | RX Antenna Type_____ |
| TX Tower Base_____(ft) | Elevation (Grade Level) | RX Tower Base_____(ft) |
| TX Antenna AGL_____(ft) | Height Above Ground Level | RX Antenna AGL_____(ft) |
| TX Tower ASR No._____ | If assigned by FCC | RX Tower ASR No._____ |

Effective Radiated Power (ERP):_____Watts (calculate)

## Repeater Mode (Select One)

☐FM – Wide   COS_____   CTCSS-IN _____Hz  CTCSS-OUT_____Hz  DCS_____
☐FM – Narrow COS_____   CTCSS-IN _____Hz  CTCSS-OUT_____Hz  DCS_____
☐DStar
☐Fusion        Fusion DSQ_____
☐P25           Phase 1 _____    Phase 2_____    NAC_____
☐DMR           DMR Color Code _____
☐NXDN          Digital _____      Mixed_____      RAN_____

## Linking

IRLP Node Number_____

Echo Link Number_____

AllStar Node Number_____

**Technical Parameters for first optional Remote Receiver and Link Transmitter.**

If Remote Receiver is wireline linked back to the main repeater site, disregard Link TX request.

| LINK TRANSMITTER | COMMENTS | REMOTE RECEIVER |
|---|---|---|
| _____Degrees | Latitude (Deg.to 6 Decimals) | _____Degrees |
| _____Degrees | Longitude (Deg.to 6 Decimals) | _____Degrees |
| TX Power_____(Watts) | | RX Sensitivity_____(uV) |
| TX Feedline Type_____ | | RX Feedline Type _____ |
| TX Feedline Length_____(ft) | | RX Feedline Length_____(ft) |
| TX Antenna Gain_____(dB) | Over Dipole | RX Antenna Gain_____(dB) |
| TX Antenna _____ | Make/Model | RX Antenna _____ |
| TX Antenna Type _____ | Omni or Directional | RX Antenna Type _____ |
| TX Antenna Direction _____ | 360 for Omni or degrees CW from | RX Antenna Direction_____ |
| TX Tower Base_____(ft) | Altitude (Grade Level) | RX Tower Base_____(ft) |
| TX Antenna AGL_____(ft) | Height Above Ground | RX Antenna AGL_____(ft) |
| TX Antenna HAAT_____(ft) | Height Above Average Terrain (calculate) | RX Antenna HAAT_____(ft) |
| TX Tower ASR No. _____ | If assigned by FCC | RX Tower ASR No. _____ |

Effective Radiated Power (ERP):_____ Watts (calculate)

**Technical Parameters for optional additional Remote RX and Link Transmitter.**

If Remote Receiver is wireline linked back to the main repeater site, disregard Link TX request.

| LINK TRANSMITTER | COMMENTS | REMOTE RECEIVER |
|---|---|---|
| _____Degrees | Latitude (Deg.to 6 Decimals) | _____Degrees |
| _____Degrees | Longitude (Deg.to 6 Decimals) | _____Degrees |
| TX Power_____(Watts) | | RX Sensitivity_____(uV) |
| TX Feedline Type_____ | | RX Feedline Type _____ |
| TX Feedline Length_____(ft) | | RX Feedline Length_____(ft) |
| TX Antenna Gain_____(dB) | Over Dipole | RX Antenna Gain_____(dB) |
| TX Antenna _____ | Make/Model | RX Antenna _____ |
| TX Antenna Type _____ | Omni or Directional | RX Antenna Type _____ |
| TX Antenna Direction _____ | 360 for Omni or degrees CW from | RX Antenna Direction_____ |
| TX Tower Base_____(ft) | Altitude (Grade Level) | RX Tower Base_____(ft) |
| TX Antenna AGL_____(ft) | Height Above Ground | RX Antenna AGL_____(ft) |
| TX Antenna HAAT_____(ft) | Height Above Average Terrain (calculate) | RX Antenna HAAT_____(ft) |
| TX Tower ASR No. _____ | If assigned by FCC | RX Tower ASR No. _____ |

Effective Radiated Power (ERP):_____ Watts (calculate)