

UPPER NEW YORK REPEATER COUNCIL (UNYREPCO)

APPLICATION for COORDINATION of FREQUENCY USE (29.0 MHz to 1.2 GHz)

APPLICATION COVER / TRACKING PAGE

Applicant Name: _____

Callsign: _____

APPLICATION TYPE:

- NEW SYSTEM/LINK APPLICATION
- APPLICATION MODIFICATION
 - o TECHNICAL CHANGES (ONLY FILL IN TECHNICAL PARAMETER CHANGES)
 - o ADMINISTRATIVE CHANGES (FILL OUT THE APPROPRIATE CHANGES AND STRIKE-OUT THE REMAINING APPLICATION WHICH DOES NOT NEED MODIFCATION)
- OTHER (Please be Specific): _____

Application Date: _____

BY CHECKING THIS BOX, THE APPLICANT UNDERSTANDS THAT THE SYSTEM PARAMETERS LISTED ABOVE ARE THOSE THAT COORDIANTION AND CONCURRENCE STUDIES WILL BE CONDUCTED AND APPROVED TO, IF APPROVAL IS AVAILABLE. FURTHER, IF THE PARAMETERS OF THE RADIO EQUIPMENT, FREQUENCY OR SITE INFORMATION CHANGE AFTER AN APPROVAL IS RECEIVED, RE-COORDIANTION **IS NECCESARY**. FAILURE TO NOTIFY UNYREPCO OF CHANGES WILL VOID THE CURRENT COORDIANTION.

UNYREPCO OFFICIAL USE ONLY

Date Application Received: _____

Verifications:

Application Completeness:

FCC ULS Callsign(s):

ERP Calculation:

Horizontal and Vertical Coordinate Relationship Accuracy:

TOWAIR / ASR Data:

Co-Channel Incumbents Identified: YES NO Quantity: ____

Propagation Maps Produced

Application OK to Proceed: YES NO

Date Application Sent for Concurrence: _____ To Whom: _____

Application Denied: (Reason Attached)

Concurrence Granted: _____

Recommend Application Approval: Regional Frequency Coordinator: Date: _____ Initials: _____

Coordination Committee Chairman: Date: _____ Initials: _____

Secretary Assigned Approval Number to Application: DATE: _____ No.: _____

Secretary Notified Applicant of Approval: DATE: _____

Prepared By: Robert H. Isby, Jr. [N2LUD]

Version No. 2006-01-10

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INSTRUCTIONS

NOTE: ALL SECTIONS OF THIS APPLICATION NEED TO BE FILLED IN UNLESS A SECTION CAN BE SKIPPED. IF A SECTION CAN BE OMITTED, THEN A LINE DRAWN THROUGH THAT SECTION IS ACCEPTABLE. IF A SECTION IS BEING COMPLETED AND CERTAIN INFORMATION IS NOT AVAILABLE, THEN **N/A** MUST BE ENTERED – NO BLANK FIELD WILL BE ALLOWED OR THE APPLICATION WILL BE RETURNED.

Primary Contact: This section needs to be completed in full. If any data is Not Available, then N/A MUST be entered in the field. This information is the Station Licensee, also known as the Trustee. In certain circumstances, the Trustee is not the Applicant. Since Club Repeaters typically have a trustee. Irrespective, this section is the TRUSTEE's data. This section **MUST** be completed as it pertains to the individual responsible for the station.

Secondary Contact: This section applies to those applicants who either did not build or will not be maintaining the station being applied for. This section is reserved for, in this order, first: the technical representative or individual responsible for the service of the station; or Second, if applicable, a Second Contact which the trustee considers reasonable as a point of contact. This does not need to be completed, but should be if any of the above conditions apply.

ARA / Club Contact: This section is to be filled out ONLY if this repeater is associated with or sponsored by an Amateur Radio Club or Association.

Radio Location Information: The data requested is straightforward. The largest stumbling block in this section will be the Datums. The Geographic Coordinates should be supplied in NAD83 (North American Datum of 1983) which incidentally matches the WGS84 (World Geodetic System of 1984). The Elevation Datum is either the NAVD88 (North American Vertical Datum of 1988) or the NGVD29 (National Geodetic Vertical Datum of 1929). Regardless, the Datum is generally available from the tool being used to ascertain the coordinates. In the coordination process, the Horizontal and Vertical Coordinates will be compared and major discrepancies will be turned back to the applicant for resolution, if such action is warranted.

Radio Frequency Information: If you haven't found or do not know how to find an available frequency, check the appropriate box, write the band you would like a channel in (10M, 6M, 2M, 1.2M, 0.7M, etc.) in each of the Transmit and Receive Frequency slots. Also, if signaling is going to be used, please enter that data as well. If you have found a frequency, please enter the appropriate parameters. Also, identify the Emission type and the Purpose this application serves.

Radio Equipment Information: Please enter the specific parameters or N/A. The following fields CAN NOT BE BLANK: Power Output, Antenna Gain and Antenna Height.

Radio System Usage Information: Please circle all of the appropriate designators which apply to this stations operation.

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Primary Contact (Trustee for Frequency Use)

Name: _____ Callsign: _____

Address: _____ License Class: _____

City: _____ State: _____ Zip: _____ Exp. Date: _____

Home Phone: _____ Work Phone: _____ Fax No. _____

Mobile/Cell Phone: _____ Pager: _____

Email Address: _____ Personal Web Site Address: _____

Secondary Contact or Amateur Radio Association / Club Technical Representative

Name: _____ Callsign: _____

Address: _____ License Class: _____

City: _____ State: _____ Zip: _____ Exp. Date: _____

Home Phone: _____ Work Phone: _____ Fax No. _____

Mobile/Cell Phone: _____ Pager: _____

Email Address: _____ Personal Web Site Address: _____

Amateur Radio Association or Sponsoring Club Information

Club Name: _____ Club Callsign: _____

Club Mailing Address: _____ License Class: _____

City: _____ State: _____ Zip: _____ Exp. Date: _____

President's Name and Callsign: _____

Secretaries Name and Callsign: _____

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Radio Location Information:

911 Street Address: _____ Site Phone Number: _____

County: _____ City: _____ State: _____ Zip: _____

Latitude: _____ Longitude: _____ Datum: NAD83 NAD27

Coordinate Source: GPS Maps FCC Licenses USGS Marker Other: _____

Ground Elevation (AMSL): _____ Ft. Datum: NAVD88 NGVD29

Elevation Source: GPS Maps FCC Licenses USGS Marker Other: _____

Radio Frequency Information:

Transmit Frequency: _____ MHz Receive Frequency: _____ MHz

Transmit Signaling _____ Receive Signaling: _____

Emission (Voice, Data, Both): _____ (5 kc Voice / 25 kc Chan., 3 kc Data / 15 kc Chan., P25)
(CIRCLE ONE)

Purpose of USE: Repeater Remote Control Link Packet Other: _____

Radio Equipment Information:

TX Make: _____ TX Model: _____ Power Output: _____ Watts

RX Make: _____ RX Model: _____ Receiver Sensitivity: _____ uV

Transmission Cable Type: _____ Cable Length: _____ Feet Cable Loss: _____ dB

Duplexer Make / Model: _____ Insertion Loss: _____ dB

Other System Losses (dB): _____

Antenna Make / Model: _____ Antenna Gain: _____ dB

Ant. Hgt. Above Gnd Level (AGL): _____ Ft Hgt Above Average Terrain (HAAT): _____ Ft

Antenna Azimuth: _____ Degrees Magnetic or True TOWAIR / ASR: _____

Actual ERP: _____ Watts

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Radio / System Usage Information: (Circle all that Apply)

- | | | | |
|----|---------------------------------------|----|----------------------------|
| O | OPEN | A | AUTOPATCH |
| E | EMERGENCY POWER | R | R.A.C.E.S. AFFILIATED |
| P | PORTABLE | S | A.R.E.S. AFFILIATED |
| W | WIDE-AREA COVERAGE | CA | CLOSED AUTOPATCH |
| Y | RTTY/ASCII/PACKET | Z | DIRECT ACCESS TO LAW / 911 |
| WX | SKYWARN/SVR WX NET | C | CLOSED |
| L | LINKED (IF CIRCLED, LINKED TO): _____ | | |

THIS NEEDS TO BE COORDIANATED WITH ARRL REGARDING THE REPEATER DIRECTORY AND THE REQUIREMENTS FOR THE LISTINGS IN IT.