



REPEATER COORDINATION APPLICATION

Revision J

General Information

Data for all parameters is required

Transmitter Callsign: _____ Sponsor (**10 characters max**): _____

Issue Coordination to (Holder of Coordination): _____ Callsign: _____

☐ Sponsored by an individual ☐ Sponsored by a club/group/association: _____ members

NEW COORDINATION PROCESSING

Select only one processing option, and only one band

- ☐ Application for a NEW standard repeater coordination
☐ Application for a NEW SNP repeater coordination
☐ Application to be added to a WAITING LIST
Be sure to read ARCC's Waiting List Policies before filing.

Band Requested (ARCC will find an available frequency):

- ☐ 10m ☐ 6m (51 MHz) ☐ 6m (52/53 MHz) ☐ 2m
☐ 1.25m ☐ 70cm ☐ 33cm ☐ 23cm

COORDINATION MODIFICATION

Complete only for a modification to an existing coordination

Specify currently-coordinated values in this section to identify the existing repeater coordination that is to be modified.

Specify the new values for all parameters, including those that are not being altered, in the sections that follow.

Coordinated Output Frequency: _____ MHz

Coordinated Transmitter Callsign: _____

Coordinated Location: _____

Geographic Information for Repeater Transmitter Site

Data for all parameters is required. This information is confidential – only Location Name is shown in directories.

Facility: _____

Address: _____

City: _____ County: _____ State: _____

Location Name shown in public directories (**14 characters max**): _____

Base Ground Elevation: _____ feet Latitude: N _____ ° _____ ' _____ " NAD83

Antenna Height Above Ground: _____ feet Longitude: W _____ ° _____ ' _____ " NAD83

Height Above Average Terrain: _____ feet Antenna Structure Registration #: _____

Transmitter Power and Emissions

Data for all parameters is required.

ARCC uses decibels referenced to an isotropic radiator as its standard for antenna gain. Convert dBd values to dBi by adding 2.14 dB if necessary.

Transmitter/Amplifier Power Output (TPO): _____ watts

Filtering/Combining/Duplexing Loss: _____ dB

Transmission Line Loss: _____ dB

Maximum Antenna Gain at Horizon: _____ dBi

Effective Isotropic Radiated Power (EIRP): _____ watts

If left blank, ARCC will calculate EIRP based on the four values above

Emissions (select all that apply):

- ☐ FM (15K0F3E) ☐ DMR (7K60FXE) ☐ YSF (10K2F7W)
☐ NBFM (11K2F3E) ☐ P25-I (8K10F1E) ☐ NXDN-W (8K30F1E)
☐ D-Star (6K25F7W) ☐ P25-II (9K80D7W) ☐ NXDN-N (4K00F1E)
☐ Other: _____

Antenna Radiation Pattern

Select one pattern and fill in all associated parameters.

Manufacturer/Model: _____

- ☐ Omnidirectional - top mounted
☐ Omnidirectional - side mounted

Favored Direction: _____ °

Shadowed Direction: _____ °

- ☐ Elliptical/Bidirectional

Major Lobe Axis: _____ °

-3 dB Beamwidth: _____ °

Front-to-Side Ratio: _____ dB

- ☐ Cardioid/Unidirectional

Major Lobe: _____ °

-3 dB Beamwidth: _____ °

Front-to-Back Ratio: _____ dB

Polarization:

- ☐ Vertical ☐ Horizontal ☐ Circular/Elliptical

Repeater Access and Features					
Repeater Usage Policy	List Repeater in Directories	Linked System	Remote Base Available	Weather Net	List Access Mode(s) in Directories
<input type="checkbox"/> Open <input type="checkbox"/> Closed/Private	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access Control Tones/Codes <i>SNP: leave blank, ARCC assigns PL</i>	Autopatch Type	Backup Power	Service Affiliation(s)	Long-Tone Zero (LiTZ) Support	Bi-Lingual/Multi-Language
<input type="checkbox"/> PL/DPL _____ <input type="checkbox"/> DTMF _____ <input type="checkbox"/> DMR CC _____ <input type="checkbox"/> P25 NAC _____ <input type="checkbox"/> NXDN RAN _____ <input type="checkbox"/> OTHER _____	<input type="checkbox"/> None <input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> None <input type="checkbox"/> Battery <input type="checkbox"/> Generator <input type="checkbox"/> Wind	<input type="checkbox"/> None <input type="checkbox"/> RACES <input type="checkbox"/> ARES <input type="checkbox"/> OEM	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Web site URL to be used as a hyperlink in repeater directory on ARCC web site:					

Holder of Coordination Contact Information	
<i>The Holder of Coordination specified in General Information may never be changed once coordination is issued</i>	
Address: _____ City: _____ State: ____ Zip: _____	
Daytime Phone: _____ Nighttime Phone: _____	
Email Address: _____	

Primary Contact - Leave blank if Holder of Coordination will be the primary contact	
Name: _____ Callsign: _____	
Address: _____ City: _____ State: ____ Zip: _____	
Daytime Phone: _____ Nighttime Phone: _____	
Email Address: _____	

Secondary Contact (Optional)	
Name: _____ Callsign: _____	
Address: _____ City: _____ State: ____ Zip: _____	
Daytime Phone: _____ Nighttime Phone: _____	
Email Address: _____	

Repeater Hardware (Optional, used to confirm accuracy of the coordination data provided)	
Repeater Transmitter: _____	Repeater Receiver: _____
Repeater Power Amplifier: _____	Receive Preamplifier: _____
Feedline Type/Length: _____	
Duplexing/Combining Equipment: _____	

I have read and agree to follow all ARCC, Inc. policies, rules, and procedures for frequency coordination. I understand that there is no guarantee that this application will be able to be approved. I attest that the data provided is accurate to the best of my knowledge, that the parameters specified herein will exactly match the operating parameters of the repeater at all times in order for this coordination to remain valid, and that I will not make any change to the above parameters without first applying for, and receiving approval of, a coordination modification. I will notify ARCC of any changes to my contact information on an ongoing basis, and understand that the coordination may be cancelled for failure to do so.

SIGNATURE: _____ CALLSIGN: _____ DATE: _____

EMAIL COMPLETED APPLICATION TO e-pobox@arcc-inc.org