



APPLICATION FOR FREQUENCY COORDINATION AND SYSTEM DATA SHEET

Mail to : SCRRA, P.O. Box 5967, Pasadena, Ca 91117-5967.

Enclose copy of FCC license; Site Agreement; Forestry or BLM permit; and a copy of the system block diagram.

Please submit a data sheet for each transmitter and a copy of the System RF Path block diagram.

APPLICATION : NEW UPDATE Mobile Relay - repeater/remote Duplex Link One Way Link TV Relay Digital

BAND: 10m 6m 420-439 MHz 440 MHz 902 MHz 1240 MHz Microwave Band

System Call _____ Output Frequency _____ MHz Input Frequency _____ MHz

System Location _____ Bldg _____ Bldg # _____ Lat _____° _____' _____" N Long _____° _____' _____" W

Site Elev. _____ ft (MSL) Ant Height _____ ft (AGL) System Type¹ _____ System Access² _____

Emission type³ _____ ID⁴ _____ TX Power _____ W Tx ant Gain _____ dBd, Type⁵ _____ Rx ant Gain _____ dBd, Type⁵ _____

Link Destination Site Name _____

Property Control : USFS BLM Private Personal Government Other _____

SCRRA Member : YES NO Publish Info⁶ YES NO

Club Call _____ Club Name _____ Give Club or Group Name even if no club callsign.

Coordinee Call _____ Name _____ This person is responsible for this coordination.

Trustee Call _____ Name _____ This person is the Call Sign Trustee

Contact Call _____ Name _____ This person is the Technical Contact for the system.

Alt. Contact Call _____ Name _____ This person is the Alternate Contact for the system.

1. System Type O : Open P : Private RPT : Repeater RMT : Remote TEL : Telephone ATV : Television DIG : Digital Radio LNK : Point to Point, Simplex LNKD : Point to Point, Duplex LNKT : Xmtr (Rx out of Band) LNKR : Rcvr (Tx out of Band)	2. Access Type CS : Carrier Squelch CTCSS : List all active Tone Freq (Hz) VOTE : Voter Tone	3. Emission Type H=Hz K=kHz M=MHz G=GHz occupied bandwidth + mode 16K0F3E = FM voice 5 kHz deviation 3 kHz max audio. 16 kHz band width 6M0C3F = VSB ATV 6 MHz BW	4. ID Type A : Auto CW B : Auto Voice C : Activated remote CW D : Activated remote Voice V : Auto Video U : Activated remote Video N : none	5. Antenna Type O : Omni D : Directional P : Special Pattern V : Vertical H : Horizontal C : Circular
6. Publish Unless marked no, or later notified in writing, SCRRA will publish the following for your system: 1. Input and output frequency. 2. System Call. 3. System Type (open, closed, FM, ATV, etc.). 4. Location by coverage area. Only open systems will have the tone listed.				

Submitted By : _____ Call Sign _____ Date _____

NAME, ADDRESS & TELEPHONE INFORMATION

CLUB CALL _____ CLUB NAME _____ PHONE _____ - _____ - _____
ADDRESS _____ CITY _____ ST _____ ZIP _____ - _____

COORDINEE

CALL _____ NAME _____ E-MAIL** _____
PHYSICAL ADDRESS _____ CITY _____ ST _____ ZIP _____ - _____
MAIL ADDRESS _____ CITY _____ ST _____ ZIP _____ - _____
HOME VOICE _____ - _____ - _____ ALT _____ - _____ - _____ FAX** _____ - _____ - _____
WORK VOICE _____ - _____ - _____ -X ALT _____ - _____ - _____ -X FAX** _____ - _____ - _____
PAGER & CELL NUMBERS**
_____ = _____ - _____ - _____ X _____ = _____ - _____ - _____ X

TRUSTEE

CALL _____ NAME _____ E-MAIL** _____
PHYSICAL ADDRESS _____ CITY _____ ST _____ ZIP _____ - _____
MAIL ADDRESS _____ CITY _____ ST _____ ZIP _____ - _____
HOME VOICE _____ - _____ - _____ ALT _____ - _____ - _____ FAX** _____ - _____ - _____
WORK VOICE _____ - _____ - _____ -X ALT _____ - _____ - _____ -X FAX** _____ - _____ - _____
PAGER & CELL NUMBERS**
_____ = _____ - _____ - _____ X _____ = _____ - _____ - _____ X

CONTACT

CALL _____ NAME _____ E-MAIL** _____
PHYSICAL ADDRESS _____ CITY _____ ST _____ ZIP _____ - _____
MAIL ADDRESS _____ CITY _____ ST _____ ZIP _____ - _____
HOME VOICE _____ - _____ - _____ ALT _____ - _____ - _____ FAX** _____ - _____ - _____
WORK VOICE _____ - _____ - _____ -X ALT _____ - _____ - _____ -X FAX** _____ - _____ - _____
PAGER & CELL NUMBERS**
_____ = _____ - _____ - _____ X _____ = _____ - _____ - _____ X

ALTERNATE CONTACT

CALL _____ NAME _____ E-MAIL** _____
PHYSICAL ADDRESS _____ CITY _____ ST _____ ZIP _____ - _____
MAIL ADDRESS _____ CITY _____ ST _____ ZIP _____ - _____
HOME VOICE _____ - _____ - _____ ALT _____ - _____ - _____ FAX** _____ - _____ - _____
WORK VOICE _____ - _____ - _____ -X ALT _____ - _____ - _____ -X FAX** _____ - _____ - _____
PAGER & CELL NUMBERS**
_____ = _____ - _____ - _____ X _____ = _____ - _____ - _____ X

NOTES: IF SYSTEM COORDINEE & TRUSTEE ARE THE SAME - WRITE NAME = SAME AS COORDINEE
****= THIS INFORMATION IS COMPLETELY OPTIONAL (E-MAIL, FAX, PAGER ETC.)** 09-21-95 NEW-APP1.DOC. CDR. SCRRBA