



Southern California Repeater and Remote Base Association

APPLICATION FOR FREQUENCY COORDINATION (RFC)



Southern California Repeater and Remote Base Association

Enclose a copy of FCC license, Site Agreement and a copy of your system block diagram.

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

Instructions

Application: \_\_\_\_\_ System Type: \_\_\_\_\_ BAND: \_\_\_\_\_

System Call \_\_\_\_\_

Output Frequency \_\_\_\_\_

Input Frequency \_\_\_\_\_

Location \_\_\_\_\_

Building \_\_\_\_\_

ID Type \_\_\_\_\_

Elev. \_\_\_\_\_ Ft.(MSL) Ant. Height \_\_\_\_\_ Ft.(AGL)

Lat \_\_\_\_° \_\_\_\_' \_\_\_\_"N Long \_\_\_\_° \_\_\_\_' \_\_\_\_"W Datum \_\_\_\_\_

System Access \_\_\_\_\_ code \_\_\_\_\_

Emission Mode: \_\_\_\_\_

Tx Ant Gain \_\_\_\_\_ dBd Bearing \_\_\_\_\_

Rx Ant Gain \_\_\_\_\_ dBd Bearing \_\_\_\_\_

Power Output \_\_\_\_\_ W

TX Antenna type \_\_\_\_\_

RX Antenna type \_\_\_\_\_

Property Control: \_\_\_\_\_

Link Destination \_\_\_\_\_

Lat \_\_\_\_° \_\_\_\_' \_\_\_\_"N Long \_\_\_\_° \_\_\_\_' \_\_\_\_"W Bearing \_\_\_\_°

System Info: Call Sign \_\_\_\_\_ Type \_\_\_\_\_ Name \_\_\_\_\_

Coordinee: Call Sign \_\_\_\_\_ Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary Contact Info: Call Sign \_\_\_\_\_ Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Contact Info: Call Sign \_\_\_\_\_ Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

NOTES:

Submitted By : \_\_\_\_\_ Call Sign \_\_\_\_\_ Date \_\_\_\_\_