

Metropolitan Coordination Association, Inc. – MetroCor

Church Street Station - P. O. Box 107 - New York, NY 10008-0107

Instructions for Auxiliary Link Frequency Coordination Application / Renewal

Information Current and Complete

Information filed with MetroCor must be kept current and complete.

Membership Fee and Coordination Fees

The yearly dues fee for **MetroCor Membership** is \$20.00 per year per Sponsor/Club/Organization. This fee does not include Coordination Fees.

Coordination Fees are \$15.00 for the PRIMARY Coordination with \$5.00 for each Additional Coordination. These fees are assessed by the Sponsor/Club/Organization Mailing Address. This fee does not include MetroCor Membership Fees (dues).

There is a **Special First Year Rate** for Membership and Coordination that is \$15.00 for the PRIMARY Coordination and \$5.00 for 1st year membership for \$20.00, with \$5.00 for each Additional Coordination. For more information on MetroCor Membership Fees see the Bylaws.

For Assistance

For Assistance with this application, please send an email to metrocor@qsl.net or send correspondence to: MetroCor, Church Street Station, P. O. Box 107, New York, NY 10008-0107

General Information

ITEM 1: Transmitter Callsign Transmitter (Emitter) Callsign (Make sure to submit copy of FCC license for callsign with paperwork)

ITEM 2: Expire Date Sponsor, Club or Organization Callsign Expiration Date Format of response: MM/DD/YY

ITEM 3: Sponsor, Club or Organization Name Full name of Sponsor, Club or Organization Name

ITEM 4: Issue Coordination to Name of individual who is Trustee or Name of Sponsor, Club or Organization Name Format of response: Full name

ITEM 5: Callsign Callsign of Person/Entity Issued Coordination (Make sure to submit copy of FCC license for callsign with paperwork)

ITEM 6: Sponsored by Check Box if sponsored by Individual or club/group/association Approximate amount of users/members of system.

Application Processing Information

ITEM 7: Application Processing Information Check the box for the type of application is being completed. NEW, RENEW, MODIFY, Request info.

Link Frequency

ITEM 8: Link TX Frequency Enter Frequency of Link in Megahertz.

ITEM 9: PL/DPL Enter PL or DPL code being used by link, if any.

ITEM 10: Hz Enter frequency PL or DPL being used by link, if any.

ITEM 11: Use of link - Repeater to Repeater/Remote receiver link/Other: Select which type of usage link is being used for.

Geographic Information for Link Transmitter

ITEM 12: Facility Enter the name of the Facility or location where the emitter is. I.e.: County Hospital Complex 13th Flr.; Babylon Town Hall Tower

ITEM 13: ASRN Antenna Structure Registration Number A few years ago, the FCC started to require registration of towers/structures. Each tower/structure was given an "Antenna Structure Registration Number". This number must be posted at every antenna site and can be identified on the FCC's web site. It will be a source of accurate geographic coordinates and will be invaluable for identifying multiple systems at the same site.

ITEM 14: Address Full Mailing Address for location where transmitter is.

ITEM 15: City City/Town for location where transmitter is.

ITEM 16: County County for location where transmitter is.

ITEM 17: State State for location where transmitter is. Format of response: 2 Letter State Abbreviation

ITEM 18: Location Name to List in Repeater Directory (14 Character Max.) Abbreviation of location of emitter.
Format of response: 14 characters total including spaces i.e.: W. Suffolk

ITEM 19: Base Ground Elevation (HASL-Height Above Sea Level) Height the base of the support structure is above sea level. Format of Response: in feet

ITEM 20: Antenna Height Above Ground (HAGL) Height the antenna is mounted above the base of the support structure. Format of response: in feet

ITEM 21: Height Above Average Terrain (HAAT) Height of the antenna above trees and/or local buildings around the antenna installation. Format of response: in feet

ITEM 22: Latitude Transmitter Antenna Latitude Format of response: Degrees(^o), minutes([']), seconds(["])

ITEM 23: Longitude Transmitter Antenna Longitude Format of response: Degrees(^o), minutes([']), seconds(["])

ITEM 24: Geodetic Datum WGS84 NAD83 NAD27 Other: Format of response: Check or circle which was used for Lat and Lon. If other write in answer.

Geographic Information for Link Target Site

ITEM 25: Facility Enter the name of the Facility or location where the Link Target is. I.e.: County Hospital Complex 13th Flr.; Babylon Town Hall Tower

ITEM 26: ASRN Antenna Structure Registration Number A few years ago, the FCC started to require registration of towers/structures. Each tower/structure was given an "Antenna Structure Registration Number". This number must be posted at every antenna site and can be identified on the FCC's web site. It will be a source of accurate geographic coordinates and will be invaluable for identifying multiple systems at the same site.

ITEM 27: Address Full Mailing Address for location where Link Target is.

ITEM 28: City City/Town for location where Link Target is.

ITEM 29: County County for location where Link Target is.

ITEM 30: State State for location where Link Target is. Format of response: 2 Letter State Abbreviation

ITEM 31: Location Name to List in Repeater Directory (14 Character Max.) Abbreviation of location of Link Target.
Format of response: 14 characters total including spaces i.e.: W. Suffolk

ITEM 32: Base Ground Elevation (HASL-Height Above Sea Level) Height the base of the support structure is above sea level. Format of Response: in feet

ITEM 33: Antenna Height Above Ground (HAGL) Height the antenna is mounted above the base of the support structure. Format of response: in feet

ITEM 34: Height Above Average Terrain (HAAT) Height of the antenna above trees and/or local buildings around the antenna installation. Format of response: in feet

ITEM 35: Latitude Link Target Antenna Latitude Format of response: Degrees(^o), minutes([']), seconds(["])

ITEM 36: Longitude Link Target Antenna Longitude Format of response: Degrees(^o), minutes([']), seconds(["])

ITEM 37: Geodetic Datum WGS84 NAD83 NAD27 Other: Format of response: Check or circle which was used for Lat and Lon. If other write in answer.

Transmitter Power

ITEM 38: Transmitter Power Output Output Power of Transmitter's Final stage. Format of response: Watts

ITEM 39: Antenna System Loss Amount of losses due to duplexers, Feedline, etc. Format of response: dB

ITEM 40: Maximum Antenna Gain at Horizon Max Gain of Antenna as per manufacturer specifications. Format of response: dB

ITEM 41: Effective Isotropic Radiated Power The Estimated Radiated Power of the Transmitter's Item 38 minus Item 39 plus Item 40. Format of response: Watts

Antenna Radiation Pattern

ITEM 42: Omnidirectional – Top Mounted Orientation of Antenna if it is top mounted and Omnidirectional check box

ITEM 43: Omnidirectional – Side Mounted Orientation of Antenna if it is side mounted and Omnidirectional check box and enter the requested information about favored and shadowed direction.

ITEM 44: Elliptical/Bi-Directional Orientation of Antenna if it is Elliptical/Bi-directional check box and enter the requested information about Major Lobe Axis in degrees, its –3 db Beamwidth in degrees, and its Front to Side Ratio in dBs.

ITEM 45: Cardioid/Unidirectional Orientation of Antenna if it is Cardioid/Uni-directional check box and enter the requested information about Major Lobe Axis in degrees, its –3 db Beamwidth in degrees, and its Front to Side Ratio in dBs.

ITEM 46: Antenna Polarization Check the appropriate box (Vertical, Horizontal, Circular/Elliptical)

Primary Contact

ITEM 47: Name Primary Contact's Full Name Format of Response: First Name MI Last Name Suffix if any

ITEM 48: Position Primary Contact's Position in Organization Check appropriate box or fill in Other

ITEM 49: Callsign Primary Contact's Callsign (Make sure to submit copy of FCC license for callsign with paperwork)

ITEM 50: Class Primary Contact's License Class Format of response: (Tech, Gen, Adv, Ext, Club)

ITEM 51: Expiration Date Primary Contact's Callsign Expiration Date Format of response: MM/DD/YY

ITEM 52: Address Primary Contact's Full Mailing Address

ITEM 53: City Primary Contact's City/Town

ITEM 54: State Primary Contact's State Format of response: 2 Letter State Abbreviation

ITEM 55: Zip Primary Contact's Zip Code Format of response: 5 by 4 if available i.e.: 11704-2606

ITEM 56: Home Phone Primary Contact's Home Phone Number Format of response: (Area Code) 555-1234

ITEM 57: Work Phone Primary Contact's Work Phone Number Format of response: (Area Code) 555-1234 ext.

ITEM 58: Fax Primary Contact's Work Phone Number Format of response: (Area Code) 555-1234

ITEM 59: Email Address Primary Contact's Internet Email Address

ITEM 60: Pager Primary Contact's Pager Number Format of response: (Area Code) 555-1234 pin #

ITEM 61: Mobile Phone Primary Contact's Mobile/Cell Phone Number Format of response: (Area Code) 555-1234

ITEM 62: Packet Address Primary Contact's Packet Address

Secondary Contact

ITEM 63: Name Secondary Contact's Full Name Format of Response: First Name MI Last Name Suffix if any

ITEM 64: Position Secondary Contact's Position in Organization Check appropriate box or fill in Other

ITEM 65: Callsign Secondary Contact's Callsign (Make sure to submit copy of FCC license for callsign with paperwork)

ITEM 66: Class Secondary Contact's License Class Format of response: (Tech, Gen, Adv, Ext, Club)

ITEM 67: Expiration Date Secondary Contact's Callsign Expiration Date Format of response: MM/DD/YY

ITEM 68: Address Secondary Contact's Full Mailing Address

ITEM 69: City Secondary Contact's City/Town

ITEM 70: State Secondary Contact's State Format of response: 2 Letter State Abbreviation

ITEM 71: Zip Secondary Contact's Zip Code Format of response: 5 by 4 if available i.e.: 11704-2606

ITEM 72: Home Phone Secondary Contact's Home Phone Number Format of response: (Area Code) 555-1234

ITEM 73: Work Phone Secondary Contact's Work Phone Number Format of response: (Area Code) 555-1234 ext.

ITEM 74: Fax Secondary Contact's Work Phone Number Format of response: (Area Code) 555-1234

ITEM 75: Email Address Secondary Contact's Internet Email Address

ITEM 76: Pager Secondary Contact's Pager Number Format of response: (Area Code) 555-1234 pin #

ITEM 77: Mobile Phone Secondary Contact's Mobile/Cell Phone Number Format of response: (Area Code) 555-1234

ITEM 78: Packet Address Secondary Contact's Packet Address

ITEM 79: Position of person completing document Position in Organization of the person completing this document. Check appropriate box or fill in Other

ITEM 80: Signature Legal Signature of the individual that filled out the document to verify you have completed the document to the best of your knowledge

ITEM 81: Callsign Callsign of the individual that filled out the document

ITEM 82: Date Date the document was signed and completed being filled out.

If you have any prior documentation to confirm your responses to these items please send photo copies of the originals so we can compare these to the paperwork that has been forwarded to us.

We thank you for your time and patience as we go through this process of contacting ALL equipment owners.

Please be aware that this has been a time extensive process and we have not been able to contact every owner as quickly as we would have liked because of the limited information we were first given.

Thank you,

MetroCor