

# Metropolitan Coordination Association, Inc. – MetroCor

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

## REPEATER FREQUENCIES COORDINATION APPLICATION / RENEWAL

### General Emitter Sponsor Information

*Data for all parameters is required*

Sponsored by an individual     Sponsored by a club/group/association: \_\_\_\_\_ members

Transmitter Callsign: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_ (Please submit copy of current License with form)

Issue Coordination to: \_\_\_\_\_ Callsign: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Sponsor Name Abbreviation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Organization Email: \_\_\_\_\_ Organization Web Page URL : \_\_\_\_\_

### Application Processing Information

*Select all that apply*

- Application is for a NEW coordination
- Application is to RENEW an existing coordination with no changes
- Application is to MODIFY an existing coordination

### Repeater Frequencies

*Enter one frequency per line*

Input (RX) Frequency: \_\_\_\_\_ MHz

Output (TX) Frequency: \_\_\_\_\_ MHz

PL/DPL Code: \_\_\_\_\_

PL/DPL Frequency: \_\_\_\_\_ Hz

Control Frequency: \_\_\_\_\_ MHz

Control Frequency PL: \_\_\_\_\_ Hz

### Geographic Information for Repeater Transmitter Site

*Data for all parameters is required*

Same Site Repeater System     Split Site Repeater System

Facility: \_\_\_\_\_ ASRN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Location Name to List in Repeater Directory (14 character max) : \_\_\_\_\_

Base Ground Elevation (HASL): \_\_\_\_\_ feet    Latitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " North

Antenna Height Above Ground (HAGL): \_\_\_\_\_ feet    Longitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " West

Height Above Average Terrain (HAAT): \_\_\_\_\_ feet    Geodetic Datum:  WGS84  NAD83  NAD27  Other \_\_\_\_\_

### Geographic Information for Repeater Receiver Site

*Data for all parameters is required*

Facility: \_\_\_\_\_ ASRN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Location Name to List in Repeater Directory (14 character max) : \_\_\_\_\_

Base Ground Elevation (HASL): \_\_\_\_\_ feet    Latitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " North

Antenna Height Above Ground (HAGL): \_\_\_\_\_ feet    Longitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " West

Height Above Average Terrain (HAAT): \_\_\_\_\_ feet    Geodetic Datum:  WGS84  NAD83  NAD27  Other \_\_\_\_\_

**If you have any prior coordination documentation please submit a copy with your paperwork, this will assist with the verification process of your coordination.**

### Transmitter Power

Data for all parameters is required

Please refer to the instruction sheet contained in the Coordination Handbook for directions for completing this section.

Also note that **METROCOR** uses decibels referenced to an isotropic radiator as its standard for antenna gain figures

Be sure to convert dBd values to dBi by adding 2.14 when necessary.

Transmitter Power Output: \_\_\_\_\_ watts

Antenna System Losses: \_\_\_\_\_ dB

Maximum Antenna Gain at Horizon: \_\_\_\_\_ dBi

Effective Isotropic Radiated Power: \_\_\_\_\_ watts

### Antenna Radiation Pattern

Select ONE type and fill in all associated parameters

Omnidirectional – Top Mounted

Omnidirectional – Side Mounted

Favored Direction: \_\_\_\_\_ °

Shadowed Direction: \_\_\_\_\_ °

Elliptical/Bi-directional

Major Lobe Axis: \_\_\_\_\_ °

-3 dB Beamwidth: \_\_\_\_\_ °

Front-to-Side Ratio: \_\_\_\_\_ dB

Cardioid/Unidirectional

Major Lobe Axis: \_\_\_\_\_ °

-3 dB Beamwidth: \_\_\_\_\_ °

Front-to-Side Ratio: \_\_\_\_\_ dB

#### Antenna Polarization:

Vertical  Horizontal  Circular/ Elliptical

### Repeater Operating Parameters and Special Features – Notes Listing

Select ONE choice in each category

Repeater Usage	Bi-Lingual Repeater	Experimental	Long-Tone Zero (LiTZ) Support	Tone CTCSS	CTCSS IN	CTCSS OUT	DCS Access	DCS CODE		
<input type="checkbox"/> Open <input type="checkbox"/> Closed	<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	_____ Moto _____ HZ	_____ Moto _____ HZ	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		
DTMF Access	DTMF Code	Remote Base(s)	SNP SHARED NOT PROTECTED	Autopatch	Patch Sequence	Closed Patch	Emerg. Power	Emerg. Sun	Emerg. Wind	
<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	DTMF Seq. _____	<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	
Linked System	Link Freq.	Portable System	RACES Affiliated	ARES Affiliated	Access to Law Enforcement	Law DTMF	Weather Net	Weather DTMF		
<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	DTMF Seq. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	DTMF Seq. _____		

### Repeater Hardware

This section is optional and is used for informational and statistical purposes only

Repeater Transmitter: \_\_\_\_\_ Repeater Receiver: \_\_\_\_\_

Repeater Power Amplifier: \_\_\_\_\_ Repeater Preamplifier: \_\_\_\_\_

Transmit Antenna: \_\_\_\_\_ Receive Antenna: \_\_\_\_\_

Repeater Controller: \_\_\_\_\_ Feedline: \_\_\_\_\_

Duplexing/Combining Equipment: \_\_\_\_\_

Remote Base Hardware/Antennas: \_\_\_\_\_

Link Hardware/Antennas: \_\_\_\_\_

## Primary Contact

*Name, Callsign, Mailing Address, and a Telephone are required*

Name: \_\_\_\_\_  Trustee  Owner  Tech Committee  Other \_\_\_\_\_

Callsign: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (Please submit copy of current License with form)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Pager: \_\_\_\_\_

Mobile/Cell Phone: \_\_\_\_\_ Packet Address: \_\_\_\_\_

## Secondary Contact

*It is recommended that you provide a secondary contact, but it is not required*

Name: \_\_\_\_\_  Trustee  Owner  Tech Committee  Other \_\_\_\_\_

Callsign: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (Please submit copy of current License with form)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Pager: \_\_\_\_\_

Mobile/Cell Phone: \_\_\_\_\_ Packet Address: \_\_\_\_\_

The data contained in this form is valid and accurate to the best of my knowledge. I will provide updated information to METROCOR as required. I also acknowledge that any false information and/or willful deception given within this document may result in the decoordination of "every" coordination held by the trustee and/or organization. I also understand litigation may follow any actions resultant from the statements within and those actions may be pursued to fullest extend of the law.

By the submission of this form, the applicant elects "The Metropolitan Coordination Association, Inc." also known as "MetroCor" as it's sole coordination body .

Position of person completing this document:  Trustee  Owner  Tech Committee  Other \_\_\_\_\_

Signature: \_\_\_\_\_ Callsign: \_\_\_\_\_ Date: \_\_\_\_\_

**Reminder: If you have any prior coordination documentation please submit a copy with your paperwork, this will assist with the verification process of your coordination. Also please remember to include copies of the transmitter callsign license and the contacts licenses.**

**Thank you.**