

Metropolitan Coordination Association, Inc. – MetroCor

305-12 Knickerbocker Avenue Bohemia, NY 11716

REPEATER FREQUENCIES COORDINATION APPLICATION / RENEWAL

General Information

Data for all parameters is required

Transmitter Callsign: _____ Expiration Date: _____ (Please submit copy of current License with form)

Sponsor, Club or Organization Name (10 characters max.): _____

Issue Coordination to: _____ Callsign: _____

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

Web Page URL to display in METROCOR Repeater Directory: _____

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

Control Frequency: _____ MHz

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: _____ feet Latitude: _____ ° _____ ' _____ " North

Antenna Height Above Ground: _____ feet Longitude: _____ ° _____ ' _____ " West

Height Above Average Terrain: _____ feet Geodetic Datum: WGS84 NAD83 NAD27 Other _____

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: _____ feet Latitude: _____ ° _____ ' _____ " North

Antenna Height Above Ground: _____ feet Longitude: _____ ° _____ ' _____ " West

Height Above Average Terrain: _____ 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

Select ONE choice in each category

Repeater Usage Policy	List Repeater In Directories	Linked System	Remote Base(s)	Severe Weather Net	List PL/DPL Code In Directories
<input type="checkbox"/> Open	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Closed/Private	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Repeater Access Mode	Autopatch Type	Backup Power	Service Affiliations	Long-Tone Zero (LiTZ) Support	Bi-Lingual Repeater
<input type="checkbox"/> Carrier Squelch	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> PL _____	<input type="checkbox"/> Open	<input type="checkbox"/> Battery	<input type="checkbox"/> RACES	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> DPL _____	<input type="checkbox"/> Closed	<input type="checkbox"/> Generator	<input type="checkbox"/> ARES		
<input type="checkbox"/> DTMF _____			<input type="checkbox"/> OEM		

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: _____
Daytime Phone: _____ Nighttime Phone: _____ Fax: _____
Email Address: _____ Pager: _____
Packet Address: _____ Other: _____

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: _____
Daytime Phone: _____ Nighttime Phone: _____ Fax: _____
Email Address: _____ Pager: _____
Packet Address: _____ Other: _____

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 extent 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 .

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.