

AREA REPEATER COORDINATION COUNCIL (ARCC), INC.

Amateur Radio Repeater and Auxiliary Link Frequency Coordination

AUXILIARY LINK COORDINATION APPLICATION

Revision F

General Information

Data for all parameters is required

Transmitter Callsign: _____ Club/Sponsor (10 characters max): _____

Issue Coordination to: _____ Callsign: _____

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

Application Processing Information

Select all that apply

- Application for a NEW coordination
- Application to MODIFY an existing coordination
- I would like ARCC to provide me with a list of prospective frequencies

Link Frequency

Specify frequencies and select ONE classification

Link Transmitter Frequency: _____ MHz

Input Freq.: _____ MHz PL/DPL: _____

Emission Designator: _____

- Repeater-to-repeater link frequency
- Remote receiver link frequency
- Other: _____

Geographic Information for Link Transmitter Site

Data for all parameters is required

Facility: _____

Address: _____

City: _____ County: _____ State: _____

Base Ground Elevation: _____ feet Latitude: N _____° _____' _____" NAD27

Antenna Height Above Ground: _____ feet Longitude: W _____° _____' _____" NAD27

Height Above Average Terrain: _____ feet Antenna Structure Registration #: _____

Transmitter Power

Data for all parameters is required

If you are unsure on how to complete this section, please refer to the Coordination Application Instructions. You may also utilize the EIRP Worksheet to assist you in determining these values.

Note that ARCC 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 dB 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 and fill in all associated parameters

- Omnidirectional - top mounted
- Omnidirectional - side mounted
 - Favored Direction: _____ °
 - Shadowed Direction: _____ °
- Elliptical/Bidirectional
 - Major Lobe Axis: _____ °
 - 3 dB Horiz. Beamwidth: _____ °
 - Front-to-Side Ratio: _____ dB
- Cardioid/Unidirectional
 - Major Lobe: _____ °
 - 3 dB Horiz. Beamwidth: _____ °
 - Front-to-Back Ratio: _____ dB

Antenna Polarization:

- Vertical
- Horizontal
- Circular/Elliptical

Link Target Site Geographical Data

Data for all parameters is required

Facility: _____

Address: _____

City: _____ County: _____ State: _____

Base Ground Elevation: _____ feet Latitude: N _____° _____' _____" NAD27

Antenna Height Above Ground: _____ feet Longitude: W _____° _____' _____" NAD27

Height Above Average Terrain: _____ feet Antenna Structure Registration #: _____

Primary Contact

Name, callsign, mailing address, and a telephone number are required

Name: _____ Callsign: _____ Trustee Owner Tech Committee

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Nighttime Phone: _____ Fax: _____

Email Address: _____ Monitor: _____

Secondary Contact

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

Name: _____ Callsign: _____ Trustee Owner Tech Committee

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Nighttime Phone: _____ Fax: _____

Email Address: _____ Monitor: _____

I have read and agree to follow all ARCC, Inc. policies, rules, and procedures for frequency coordination. I understand that there is no guarantee that this application will be approved and a coordination issued. I attest that the data contained in this form is accurate to the best of my knowledge. I will provide updated information to ARCC as necessary. I understand that the parameters specified herein must match the operating parameters of the auxiliary link at all times in order for this coordination to remain valid.

Signature: _____ Callsign: _____ Date: _____