ARCC

AUXILIARY LINK APPLICATION

Revision K

GENERAL INFORMATION

Data for all parameters is required

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

Issue Coordination to (Holder of Coordination): _____ Callsign: _____

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

APPLICATION PROCESSING INFORMATION

Complete this section for new coordinations and modifications

❑ Application for a NEW auxiliary link coordination
❑ Application to MODIFY an existing coordination

❑ Repeater-to-repeater auxiliary link
❑ Remote repeater receiver backhaul
Repeater input frequency: _____ MHz
❑ Remote RoIP interconnection to/from repeater
❑ Other: _____

Select one or more subbands. ARCC will find an available frequency based on the type of operation pursuant to ARCC Bandplans.

❑ 424 MHz* ❑ 430 MHz* ❑ 433-435 MHz
❑ 903-904 MHz ❑ 915-916 MHz ❑ 927 MHz
❑ 1256 MHz ❑ 1257-1259 MHz ❑ Other: _____

** Auxiliary links in these subbands are secondary to coordinated ATV operations and must use vertical polarization. Please refer to ARCC Bandplans and Application Instructions for additional information.*

COORDINATION MODIFICATION

Complete ONLY for a modification to an existing coordination

Specify currently-coordinated values in this section to identify the existing coordination that is to be modified.

Specify the new values for all parameters, including those that are not being altered, in all other sections.

Coordinated Frequency: _____ MHz

Coordinated Transmitter Callsign: _____

Coordinated Location: _____

GEOGRAPHIC DATA FOR AUXILIARY LINK TRANSMITTER SITE

Data for all parameters is required. All information is confidential.

Facility: _____

Address: _____

City: _____ County: _____ State: _____

Base Ground Elevation: _____ feet Latitude: N _____ ° _____ ' _____ '' NAD83

Antenna Height Above Ground: _____ feet Longitude: W _____ ° _____ ' _____ '' NAD83

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

POWER, EMISSION, AND ACCESS CONTROL

Data for all parameters is required. Select only one emission and access.

Transmitter Power Output (TPO): _____ watts
Filtering/Combining/Duplexing Loss: _____ dB
Transmission Line Loss: _____ dB
Maximum Antenna Gain at Horizon: _____ dBi

Effective Isotropic Radiated Power (EIRP): _____ watts

If left blank, ARCC will calculate EIRP based on the four values above

EMISSION: ❑ FM (16K0F3E) ❑ NBFM (11K2F3E) ❑ Other: _____

ACCESS: ❑ PL: _____ ❑ DPL: _____ ❑ Other: _____

TRANSMIT ANTENNA PATTERN

Select one and fill in all associated parameters

Auxiliary link transmitters must use directional antennas. Refer to the Application Form Instructions for further information.

Main Lobe Azimuth: _____ °
-3 dB Horizontal Beamwidth: _____ °
Front-to-Back Ratio: _____ dB

Polarization:

❑ Vertical ❑ Horizontal ❑ Circular/Elliptical

GEOGRAPHIC DATA FOR AUXILIARY LINK RECEIVER SITE

Data for all parameters is required. All information is confidential.

Facility: _____

Address: _____

City: _____ County: _____ State: _____

Base Ground Elevation: _____ feet Latitude: N _____ ° _____ ' _____ '' NAD83

Antenna Height Above Ground: _____ feet Longitude: W _____ ° _____ ' _____ '' NAD83

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

HOLDER OF COORDINATION

The Holder of Coordination specified in General Information may never be changed once coordination is issued

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

Daytime Phone: _____ Nighttime Phone: _____

Email Address: _____

PRIMARY CONTACT

Leave this section blank if the Holder of Coordination is also the Primary Contact

Name: _____ Callsign: _____

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

Daytime Phone: _____ Nighttime Phone: _____

Email Address: _____

SECONDARY CONTACT - Optional

Name: _____ Callsign: _____

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

Daytime Phone: _____ Nighttime Phone: _____

Email Address: _____

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 able to be approved. I understand that neither ARCC nor the frequency coordination process guarantee interference-free operation. I attest that the data provided is accurate to the best of my knowledge, that the parameters specified herein will exactly match the operating parameters of the repeater at all times in order for this coordination to remain valid, and that I will not make any change to the above parameters without first applying for, and receiving approval of, a coordination modification. I will notify ARCC of any changes to the contact information above if and when it changes, and I understand that the coordination may be cancelled for failure to do so.

SIGNATURE: _____ *CALLSIGN:* _____ *DATE:* _____

EMAIL COMPLETED APPLICATIONS TO

e-pobox@arcc-inc.org

OR SUBMIT USING THE CONTACT FORM ON THE ARCC WEB SITE