

**Make Repeater Coordination Great Again - MRCGA**  
18 Pear Street Barnesville, PA 18214

**REPEATER COORDINATION RENEWAL FORM**

*This renewal form is to be used ONLY for renewals every two (2) years. An application form MUST be used if changing any repeater specifications.*

Repeater Callsign: \_\_\_\_\_

Repeater TX Frequency: \_\_\_\_\_ Repeater RX Frequency: \_\_\_\_\_ PL/DPL: \_\_\_\_\_

Repeater Facility Name: \_\_\_\_\_

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

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

Name of Person Preparing Form: \_\_\_\_\_ Callsign: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The data contained in this form is valid and accurate to the best of my knowledge. I will provide updated information to MRCGA as required. I also acknowledge that any false information and/or willful deception given within this document may result in the de-coordination of ALL coordinations held by the trustee and/or organization by MRCGA.

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

***Please send this completed form to: [application@mrcga.org](mailto:application@mrcga.org)***

MRCGA Signature: \_\_\_\_\_

Date: \_\_\_\_\_