

Make Repeater Coordination Great Again - MRCGA

View instructions at <https://www.mrcga.org/instructions.pdf>

REPEATER FREQUENCY COORDINATION APPLICATION / CHANGE FORM

General Information

Data for all parameters is required

Transmitter Callsign: _____

Sponsor, Club or Organization Name: _____

Issue Coordination to: _____ Callsign: _____

Sponsored By: _____ Number of Club/Organization Members: _____

Web Page URL to display in **MRCGA** Repeater Directory: _____

Application Processing Information

Select all that apply

Type of Application: _____

Repeater Frequencies

Enter one frequency per line

Input (RX) Frequency: _____ MHz

Output (TX) Frequency: _____ MHz

Control Frequency: _____ MHz

LEAVE BLANK AND MRCGA WILL ASSIGN PAIR

Geographic Information for Repeater Transmitter Site

Data for all parameters is required

Repeater Type: _____

Facility: _____ ASRN: _____

Address: _____

City: _____ County: _____ State: _____

Location Name to List in Repeater Directory : _____

Base Ground Elevation: _____ feet

Latitude: _____ ° _____ ' _____ " North

Antenna Height Above Ground: _____ feet

Longitude: _____ ° _____ ' _____ " West

Height Above Average Terrain: _____ feet

Geodetic Datum: _____

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 : _____

Base Ground Elevation: _____ feet

Latitude: _____ ° _____ ' _____ " North

Antenna Height Above Ground: _____ feet

Longitude: _____ ° _____ ' _____ " West

Height Above Average Terrain: _____ feet

Geodetic Datum: _____

Transmitter Power

Data for all parameters is required

Please refer to the instruction sheet for directions for completing this section.

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: _____ dBm

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:

Repeater Operating Parameters and Special Features

Select ONE choice in each category

Repeater Usage: _____

Access Mode : _____

Linked System: _____

Tone: _____

Remote Base: _____

Backup Power: _____

Weather Net: _____

Autopatch Type: _____

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: _____ Affiliation: _____
Callsign: _____ Class: _____ Expiration Date: _____
Address: _____ City: _____ State: ___ Zip: _____
Day Phone: _____ Night Phone: _____
Email Address: _____
Cellular Phone: _____

Secondary Contact

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

Name: _____ Affiliation: _____
Callsign: _____ Class: _____ Expiration Date: _____
Address: _____ City: _____ State: ___ Zip: _____
Day Phone: _____ Night Phone: _____
Email Address: _____
Cellular Phone: _____

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: _____

If this application is for a change of existing coordination, please submit a copy of your current coordination, this will assist with the verification process of your prior coordination.

Please send this completed form (in it's original PDF version) with any documents to: application@mrcga.org

Thank you.

MRCGA OFFICIAL USE ONLY

APPROVED DENIED WAITING LIST

TRANSMIT FREQUENCY: _____ RECEIVE FREQUENCY: _____

TONE: _____ TRANSMIT POWER: _____

MRCGA COORDINATOR: _____

MRCGA SIGNATURE: _____ DATE: _____