WISCONSIN ASSOCIATION OF REPEATERS, INC.

Revised: February 28, 2016

Station Coordination Proposal

Form C: Contact Information: all proposals
Form S: Station Technical Details: use this form to enter technical parameters of the station you are coordinating.

Instructions can be found at: www.wi-repeaters.org

C

CONTACT Information Form

1) Club/Sponsor (10 char max): _____

2) Web Page URL for directory: http:// _____

3a) Holder of Coordination: _____ 3b) Callsign: _____

3c) Address: _____

3d) City, State, ZIP: _____ WI _____

3e) e-mail address: _____ @ _____

3f) Phone: Night: ____- ____ - _____ Day: ____- ____ - _____

Fax: ____- ____ - _____ Cell: ____- ____ - _____

Reset HOC

4a) Sponsor: _____ 4b) Callsign: _____

4c) Address: _____

4d) City, State, ZIP: _____ WI _____

4e) e-mail address: _____ @ _____

4f) Phone: Night: ____- ____ - _____ Day: ____- ____ - _____

Fax: ____- ____ - _____ Cell: ____- ____ - _____

Same as HOC

Reset Sponsor

5a) Primary Contact: _____ 5b) Callsign: _____

5c) Address: _____

5d) City, State, ZIP: _____ WI _____

5e) e-mail address: _____ @ _____

5f) Phone: Night: ____- ____ - _____ Day: ____- ____ - _____

Fax: ____- ____ - _____ Cell: ____- ____ - _____

Same as HOC

Reset Applicant

6) Notes to the Coordinator:

I hereby certify that the information provided is correct:

7) Signed: _____ 8) Date: _____

Return this form via US Mail to: WAR, Inc. Frequency Coordinator
Dave Karr, KA9FUR
S64W24740 Susan St.
Waukesha, WI 53189
e-mail: coordinator@wi-repeaters.org

Reset Form

Print Form

WISCONSIN ASSOCIATION OF REPEATERS, INC.

Revised: February 28, 2016

Station Coordination Proposal

Use this form for a NEW coordination or to MODIFY an existing coordination.

You must include Form C for all coordination requests.

Please include any information which might impact frequency selection on additional pages as needed.

S

STATION Coordination Form

1) Reason for Coordination: New
2) Station Type: Repeater
3) Transmitter Callsign: _____
4) Holder of Coordination: _____

LOCATION INFORMATION	TRANSMITTER	RECEIVER (Enter values ONLY if RX site is different than the TX, otherwise, leave these fields blank.)
5) Latitude:	___° ___' ___" North	___° ___' ___" North
6) Longitude:	___° ___' ___" West	___° ___' ___" West
7) Base Ground Elevation (AMSL):	_____ feet	_____ feet
8) City:	_____	Enter only if different than TX
9) Site Address / ASR#:	_____	_____
10) Facility or Site Name:	_____	_____
11) County:	_____	_____
12) Region:	North Central	North Central
13) Band:	2 Meter	2 Meter
14) Frequency:	_____ MHz	_____ MHz

	PRIMARY	SECONDARY
15) Emission Designator:	16K0F3E - 5 kHz deviation FM voice	NONE
16) TX Tone/Code Type:	CTCSS - Tone Squelch	NONE
17) RX Tone/Code Type:	CTCSS - Tone Squelch	NONE
18) TX Tone/Code:	_____	_____
19) RX Tone/Code:	_____	_____

ANTENNA INFORMATION	TRANSMITTER		RECEIVER
20) Antenna Radiation Pattern:	Omni-directional - top mounted		Omni-directional - top mounted
21) Antenna Polarization:	Vertical		Vertical
22) Major Lobe Axis (Bearing):	_____		_____
23) Antenna Height Above Ground Level:	_____		_____
24) Maximum Antenna gain (dBd):	_____	(dBd = dBi -2.14)	_____
25) Transmitter Power Output:	_____	watts	
26) Antenna System Losses (dB):	_____	feedline, filters, etc.	_____
27) Effective Radiated Power:	0	ERP watts	
28) -3dB Beamwidth:	_____		_____
29) F/B Ratio (dB)	_____		_____
30) Antenna Make/Model:	_____		_____

31) Operating Parameters and Special Features: (check those that apply)

- [x] a) Open
- [ ] b) Closed/Private
- [ ] c) Dual Squelch
- [ ] d) Weather Net
- [ ] e) Tone Burst
- [ ] f) Autopatch
- [ ] g) Closed Autopatch
- [ ] h) Long-Tone Zero
- [ ] i) Solar Power
- [ ] j) Emergency Power
- [ ] k) Link/Cross-Band Repeater
- [ ] l) Wide area coverage
- [ ] m) Wind Power
- [ ] n) ARES/RACES
- [ ] o) Direct access to Law Enforcement