Association of EPEATERS, INC.

New Holder of Coordination

Revised: January 08, 2021

Note: Use this form to transfer a repeater's coordination. If this repeater's antenna, location, height or ERP is being changed, you MUST use the Coordination Application Form which is found on the WAR, Inc. website.

www.wi-repeaters.org

Holder of Coordination must complete, sign and

send in the "Relinquish Coordination" form.

| Organization: Club/Sponsor (10 of 3) Current Transmitte Web Page URL for | http:// | | | 4) New Transmitter Callsign: | | | | | | |
|---|--------------|------------|---|------------------------------|-------|---------------|--|---------------------------------------|----------------|--|
| 6) Repeater Output Frequency:7) Repeater Input Frequency:8) Repeater City: | | | | MHz MHz | | | | | | |
| 9a) Holder of Coordin9c) Address:9d) City, State, ZIP: | ation: | | | | | | | | 9b) Callsign: | |
| 9e) e-mail address: | | | | | | | | @ | | |
| 9f) Phone: | Night: | - | - | | Day: | | - | - | | |
| | Fax: | - | - | | Cell: | | - | - | | |
| 10a) Sponsor: 10c) Address: 10d) City, State, ZIP: | | | | | | | | | 10b) Callsign: | |
| 10e) e-mail address: | | | | | | | | @ | | |
| 10f) Phone: | Night: | _ | _ | | Day: | | - | _ | | |
| , | Fax: | _ | - | | Cell: | | - | - | | |
| 11a) Primary Contact: 11c) Address: 11d) City, State, ZIP: | | | | | | | | | 11b) Callsign: | |
| 11e) e-mail address: | | | | | | | | @ | | |
| 11f) Phone: | Night: | - | - | | Day: | | - | - | | |
| | Fax: | - | - | | Cell: | | - | - | | |
| and none of the technical characteristics of the repeater | | | | | | | If the above information is to apply to links, remote bases and/or control receivers associated with this repeater include page 2. | | | |
| | | | | | | 12) Callsign: | | | | |
| 13) Signed: | | | | | | 14) Date: | | | | |
| 15) If signing for a club | , my title/p | osition is | : | | | | | | • | |
| Return this form via US | | | | | | | | | | |
| Wisconsin Association of Repeaters, Inc. Notice: For this form to be valid, the | | | | | | | | or this form to be valid, the current | | |

e-mail: coordinationsecretary@wi-repeaters.org

2163 US Hwy 8

Suite 100 PMB 3173

St. Croix Falls, WI 54024



16) Current Transmitter Callsign:

New Holder of Coordination

Listing: Link(s) - Remote Base(s) - Control Receivers

17) New Transmitter Callsign:

| 18) Repeater City: | | | | |
|--------------------|----------|--|--------------------------------------|-----------------------------|
| | | on, Sponsor and Primiated with this repeat | nary Contact also applies to the er: | e following link(s), remote |
| | | | | |
| | Callsign | Frequency | City | |
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| | I hereby | certify that the inform | nation given above is correct | |

and none of the technical characteristics of the link(s), remote base(s), and/or control receiver(s) have changed.

21) Signed: _____

20) Callsign:

22) Date: