

Metropolitan Coordination Association, Inc. – MetroCor

305-12 Knickerbocker Avenue Bohemia, NY 11716

AUXILARY LINK FREQUENCY COORDINATION APPLICATION / RENEWAL

General Information

Data for all parameters is required

Transmitter Callsign: _____ Expiration Date: _____ (Please submit copy of current License with form)

Sponsor, Club or Organization Name (10 characters max.): _____

Issue Coordination to: _____ Callsign: _____

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

Application Processing Information

Select all that apply

- Application is for a NEW coordination
- Application is to RENEW an existing coordination with no changes
- Application is to MODIFY an existing coordination

Link Frequency

Specify frequencies and select ONE classification

Link TX Frequency: _____ MHz

PL/DPL: _____ Hz

- Repeater-to-repeater link frequency
- Remote receiver link frequency
- Other: _____

Geographic Information for Link Transmitter Site

Data for all parameters is required

Facility: _____ ASRN: _____

Address: _____

City: _____ County: _____ State: _____

Location Name to List in Repeater Directory (14 character max) : _____

Base Ground Elevation: _____ feet Latitude: _____ ° _____ ' _____ " North

Antenna Height Above Ground: _____ feet Longitude: _____ ° _____ ' _____ " West

Height Above Average Terrain: _____ feet Geodetic Datum: WGS84 NAD83 NAD27 Other _____

Geographic Information for Link Target Site

Data for all parameters is required

Facility: _____ ASRN: _____

Address: _____

City: _____ County: _____ State: _____

Location Name to List in Repeater Directory (14 character max) : _____

Base Ground Elevation: _____ feet Latitude: _____ ° _____ ' _____ " North

Antenna Height Above Ground: _____ feet Longitude: _____ ° _____ ' _____ " West

Height Above Average Terrain: _____ feet

Reminder: If you have any prior coordination documentation please submit a copy with your paperwork, this will assist with the verification process of your coordination. Also please remember to include copies of the transmitter callsign license and the contacts licenses.

Thank you.

Transmitter Power

Data for all parameters is required

Please refer to the instruction sheet contained in the Coordination Handbook for directions for completing this section.

Also note that **METROCOR** uses decibels referenced to an isotropic radiator as its standard for antenna gain figures

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: _____ watts

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:

Vertical **Horizontal** **Circular/ Elliptical**

Primary Contact

Name, Callsign, Mailing Address, and a Telephone are required

Name: _____ Trustee Owner Tech Committee Other _____

Callsign: _____ Class: _____ Expiration Date: _____ (Please submit copy of current License with form)

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

Daytime Phone: _____ Nighttime Phone: _____ Fax: _____

Email or Packet Address: _____ Pager: _____

Packet Address: _____ Other: _____

Secondary Contact

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

Name: _____ Trustee Owner Tech Committee Other _____

Callsign: _____ Class: _____ Expiration Date: _____ (Please submit copy of current License with form)

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

Daytime Phone: _____ Nighttime Phone: _____ Fax: _____

Email or Packet Address: _____ Pager: _____

Packet Address: _____ Other: _____

The data contained in this form is valid and accurate to the best of my knowledge. I will provide updated information to METROCOR as required. I also acknowledge that any false information and/or willful deception given within this document may result in the decoordination of "every" coordination held by the trustee and/or organization. I also understand litigation may follow any actions resultant from the statements within and those actions may be pursued to fullest extent of the law.

By the submission of this form, the applicant elects "The Metropolitan Coordination Association, Inc." also known as "MetroCor" as it's sole coordination body .

Signature: _____ Callsign: _____ Date: _____