

Minnesota Repeater Council, Inc. (MRC)
Auxiliary Link Coordination Application

General Information

Coordination action requested: New Update Status: On-The-Air If Not, when will it be _____

Sponsor/Organization Name: _____

Repeater Sponsored by: Individual Club/Group/Association

Link Transmitter Site Information

Facility Site Name: _____ MRC Region: _____ County: _____

Street Address: _____ City: _____

Site Latitude: ___° ___' ___" North Site Longitude: ___° ___' ___" West Obtained by: MAP GPS ??

FAA Antenna Structure Registration (ASR) # (If over 200 feet) _____

Site Ground Elevation: _____ Feet

Link Input Receiver Frequency: _____ MHz CTCSS Tone: _____ Hz

Receiver Antenna Height above Ground: _____ Feet Antenna Height Above Average Terrain: _____ Feet

Antenna Radiation pattern: (select one and fill in associated parameters): Omnidirectional top mounted

Omnidirectional side mounted Favored Direction _____° Shadowed Direction _____°

Directional or Unidirectional Major Lobe Axis _____° -3 dB Beamwidth: _____° Front to back Ratio _____ dB

Antenna Polarization: Vertical Horizontal Circular/Elliptical

Link Transmitter Frequency: _____ MHz Transmitter CTCSS: _____ Hz Call sign: _____

Transmitter Power Output: _____ Watts Antenna System losses: _____ DB (Feedline, Duplexer, Etc)

Antenna Gain: ___ DBd Effective Radiated Power: _____ Watts

Transmitter Antenna Height above Ground: _____ Feet Antenna Height Above Average Terrain: _____ Feet

Antenna Radiation pattern: Must be directional! Antenna Type: _____

Beamwidth: _____° Front to back Ratio _____ dB Aimed Direction to Receiver: _____ Deg

Antenna Polarization: Vertical Horizontal Circular/Elliptical

Link Receiver Information

Facility Site Name: _____ County: _____

Street Address: _____ City: _____

Site Latitude: ___° ___' ___" North Site Longitude: ___° ___' ___" West Obtained by: MAP GPS ??

Site Ground Elevation: _____ Feet Link Receiver Antenna Height above Ground: _____ Feet

Link Antenna Height Above Average Terrain: _____ Feet

Link Receiver Antenna Radiation pattern: (select one and fill in associated parameters): Omnidirectional top mounted

Omnidirectional side mounted Favored Direction _____° Shadowed Direction _____°

Directional or Unidirectional Major Lobe Axis _____° -3 dB Beamwidth: _____° Front to back Ratio _____ dB

Receiver Linked to Output Transmit Frequency: _____ MHz Callsign (if different than link TX): _____

Coordination Holder Contact Information (Trustee)

Name: _____ **Callsign:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____
Phone: Day: _____ Night: _____ Fax: _____

Sponsor Information

Name: _____ **Callsign:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____
Phone: Day: _____ Night: _____ Fax: _____

Control Operator Information

Control Operator 1: Name: _____ Callsign: _____ Phone: _____
Control Operator 2: Name: _____ Callsign: _____ Phone: _____

Applicant Information

I hereby certify that all the information given is correct:

Signed: _____ Date: _____

If applicant is different than the point of contact above:

Name: _____ **Callsign:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____
Phone: Day: _____ Night: _____ Fax: _____

All Auxilery Links will be considered class B (60 Mile protection) unless additional protection is justified.

CTCSS is encouraged on all links.

Use of Directional Transmit antennas is required

All measurements are to be in FEET, not meters. Site Lat/Lon to be in the DD MM SS format.

Please be as accurate as possible, if you need assistance or help with the application please ask!

Return form to: Jerry Dorf, N0FWG
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601 Sunset Street
Buffalo MN 55313

Voice 763-682-2169
Fax Available upon request
email: jerryd@jerryd.net
<http://www.mrc.mn.gen.us>