

Repeater Coordination Form - 2023

Submission Information

Initial Request
 Database Changes
 Information Only

Date:

\$10.00 Annual Membership Dues submitted
 \$10.00 New Coordination Fee submitted

Repeater Features

Autopatch
 Closed Autopatch (may be used w/ authorization)
 Uninterrupted Power Supply
 Dual Squelch
 Frequency Agile Transceiver Band
 Link Group name or Frequencies:
 Crossband Frequency:
 Other features:
 Publish in WNYSORC Repeater List Yes No

Licensee Information

Name:

Callsign:

Phone:

Address:

City:

Prov/State: PC/Zip:

Club - Acronym:

Club - Name:

Email:

Repeater/Link Specifications

TX Repeater Freq: MHz
 Link

RX Repeater Freq: MHz
 Link

Repeater/Link
 Callsign:

Repeater/Link Trustee
 Callsign:

Emission/Bandwidth: 16KF3 Other

Status: Active Testing Proposed

Access: CTCSS Hz
 Carrier DTMF
 Other

I have read and agree to follow the WNYSORC rules for frequency coordination. The data contained on this form is valid and accurate to the best of my knowledge I understand that failure to submit annual updates may jeopardize the status of this coordination. I further understand that if I make any changes in the location or operation, this coordination may no longer be valid and I may have to request a new coordination. I agree to inform The Council of any and all changes to this repeater.

Signature:
 & Call

(Your name & call sign entered, above, constitutes legal signature.)

Location & Coverage Information

Geographical Area:
 Location:
 County:

Latitude: North
 Degrees Minutes Seconds

Longitude: West
 Degrees Minutes Seconds

Ground Elevation: Feet
 Antenna Height Above Ground: Feet

Maximum Effective Radiated Power (ERP): Watts

Transmitter Power: Antenna Gain: Db

Antenna Pattern: Omni-directional
 Other (Describe Pattern Below):