Repeater Coordination Form - 2020

Submission Information	Repeater Features
☐ Initial Request ☐ Database Changes ☐ Information Only	☐ Autopatch
Date:	☐ Closed Autopatch (may be used w/ authorization)
\$10.00 Annual Membership Dues submitted	☐ Uninterrupted Power Supply
■ \$10.00 New Coordination Fee submitted	Dual Squelch
Licensee Information	☐ Frequency Agile Transceiver Band
Name:	☐ Link Group name or Frequencies:
Callsign:	☐ Crossband Frequency:
Phone:	
Address:	Other features:
City:	Publish in WNYSORC Repeater List Yes No
Prov/State: PC/Zip:	Repeater/Link Specifications
Club - Acronym:	TX Repeater Freq:
Club - Name:	Link
Email:	RX Repeater Freq: MHz
Location & Coverage Information	Repeater/Link
Geographical Area:	Callsign:Repeater/Link Trustee
Location:	Callsign:
County:	Emission/Bandwidth: 16KF3 Other
l atituda.	Status: Active Testing Proposed
Latitude:	Access: CTCSS Hz
Longitude:	☐ Carrier ☐ DTMF
Ground Feet Elevation:	☐ Other
Antenna Height Above Ground:	I have read and agree to follow the WNYSORC rules for frequency coordination. The data contained on this form is
Maximum Effective	valid and accurate to the best of my knowledge I understand
Radiated Power (ERP): Transmitter Antenna	that failure to submit annual updates may jeopardize the status of this coordination. I further understand that if I make any
Transmitter Antenna Power: Gain: Db	changes in the location or operation, this coordination may no longer be valid and I may have to request a new coordination.
Antenna Pattern: Omni-directional Other (Describe Pattern Below):	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.)