

MISSOURI REPEATER COUNCIL, Inc.

Member, Mid-America Coordination Council, Inc.
APPLICATION FOR FREQUENCY COORDINATION (MRC FORM 004 03/02/07)

Operator/Club Name: _____

Contact Person: _____ Call: _____

Address: _____

Email Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____

Repeater Callsign: _____ Coordination Trustee Callsign: _____

Proposed Band of Operation: _____ Proposed Frequency: Input: _____ Output: _____
Leave Blank **Leave Blank**

Access: COS VOX CTCSS _____ DTMF

Autopatch: YES NO Autopatch Access: OPEN CLOSED

Area Served (City) _____ For repeater directory

Coordinates of Proposed Site: Latitude _____ Deg _____ Min _____ Sec
Longitude _____ Deg _____ Min _____ Sec

Site Address: _____

(Example: 120 So. Main or 1« miles West of Hiway 92, on County Rd "J")

City: _____ County: _____

Effective Radiated Power (ERP): _____ Ground Elevation: _____ HAAT _____

Each Remote Receive Site which you propose must be coordinated.

Please include additional copies of this form for EACH remote receive site in your system.

Modifications Planned: _____

I have read the "Frequency Coordination Guidelines" and by signing below, agree to abide by these guidelines or I understand that I may lose my coordination.

SIGNED: _____ DATE: _____

Note! The application process takes 30 days or more in some cases. Please do not inquire about the status of your application until the normal 30-day processing time has elapsed. Please return signed application to:

Missouri
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(816) 377-7093

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