



Southern California Repeater and Remote Base Association

APPLICATION FOR FREQUENCY COORDINATION (RFC)

Mail to: SCRRBA, P.O. Box 5967 Pasadena, Ca 91117-5967

Enclose a copy of FCC license, Site Agreement and a copy of your system block diagram.

Please submit a completed RFC for each transmitter and a copy of the System RF Path block diagram.



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Instructions

Application: _____ System Type: _____ BAND: _____

System Call _____

Output Frequency _____

Input Frequency _____

Location _____

Building _____

ID Type _____

Elev. _____ Ft.(MSL) Ant. Height _____ Ft.(AGL)

Lat ____° ____' ____"N Long ____° ____' ____"W Datum _____

System Access _____ code _____

Emission Mode: _____

Tx Ant Gain _____ dBd Bearing _____

Rx Ant Gain _____ dBd Bearing _____

Power Output _____ W

TX Antenna type _____

RX Antenna type _____

Property Control: _____

Link Destination _____

Lat ____° ____' ____"N Long ____° ____' ____"W Bearing ____°

System Info: Call Sign _____ Type _____ Name _____

Coordinee: Call Sign _____ Name _____ E-Mail _____

Physical Address _____ City _____ State ____ Zip _____

Mailing Address _____ City _____ State ____ Zip _____

Home Phone _____ Fax _____ Cell Phone _____ Work Phone _____

Primary Contact Info: Call Sign _____ Name _____ E-Mail _____

Physical Address _____ City _____ State ____ Zip _____

Mailing Address _____ City _____ State ____ Zip _____

Home Phone _____ Fax _____ Cell Phone _____ Work Phone _____

Alternate Contact Info: Call Sign _____ Name _____ E-Mail _____

Physical Address _____ City _____ State ____ Zip _____

Mailing Address _____ City _____ State ____ Zip _____

Home Phone _____ Fax _____ Cell Phone _____ Work Phone _____

NOTES:

Submitted By : _____ Call Sign _____ Date _____