

Coordination # \_\_\_\_\_

WPRC Log # \_\_\_\_\_

Date Rcvd. \_\_\_\_\_

**WPRC**  
**WESTERN PENNSYLVANIA REPEATER COUNCIL**  
**FREQUENCY COORDINATION COMMITTEE**

3000 Village Run Road, Unit 103 #173, Wexford, PA 15090-9244 - <http://www.wprc.us> - [WPRCemail@yahoo.com](mailto:WPRCemail@yahoo.com)

**Application for Frequency Coordination**

☐ New Application    ☐ Trustee Change    ☐ Site Location Change    ☐ Coordination Modification Request

Bandwidth: ☐ NBFM – 16 kHz (Analog) ☐ SNFM – Less than 10 kHz bandwidth (P25, D-Star, etc.) ☐ Other \_\_\_\_\_

Mode used: (Analog, P25, D-STAR, ATV, etc.): \_\_\_\_\_

Repeater Callsign \_\_\_\_\_ Frequency Choices: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Site Location: (LIST COORDINATES ONLY IN DMS / Degrees-Minutes-Seconds format!) (NAD83 datum ONLY)

Latitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " North Longitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " West (both to the nearest second)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Antenna Height Above Ground (AGL): \_\_\_\_\_ FEET

Ground Elevation Above Mean Sea Level (AMSL): \_\_\_\_\_ FEET

Antenna Height Above Average Terrain (HAAT): \_\_\_\_\_ FEET (Per Form WPRC-102)

Effective Radiated Power (ERP): \_\_\_\_\_ WATTS (Per Form WPRC-103)

Access/Linking/Features:

Features (WILL BE Published) \_\_\_\_\_ [Per ARRL Repeater Directory – A, E, L, P, R, Y, Z, (CA), etc.]

Access: (NOT published) \_\_\_\_\_ (Carrier, CTCSS, Burst, DTMF, Etc.) (LIST FREQUENCIES)

Linking and Control Frequencies: (NOT published) \_\_\_\_\_ (Use Form WPRC-101 for link coordination)

Projected Service Area (Based on 25W with a 3dB gain antenna) Mobiles: \_\_\_\_\_ Bases: \_\_\_\_\_

Trustee: (All mail or email will be sent to the trustee)

Trustee Name: \_\_\_\_\_ Callsign: \_\_\_\_\_ Backup Trustee Callsign: \_\_\_\_\_

eMail: \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ (Home) (    ) \_\_\_\_\_ - \_\_\_\_\_ (Cell)

List any circumstances which you feel would affect this application:

Trustee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trustee Name (printed) \_\_\_\_\_ Callsign: \_\_\_\_\_

ALL INFORMATION MUST BE PROVIDED OR THIS APPLICATION MAY BE DISMISSED WITHOUT ACTION  
PLEASE MAKE ALL ENTRIES LEGIBLE