

WESTERN PENNSYLVANIA REPEATER COUNCIL, INC.  
\* FREQUENCY COORDINATING COMMITTEE \*

**APPLICATION FOR LINK COORDINATION**

Please place an "X" in the appropriate box.

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

- Type Of Station:**
- Phone Patch Link
  - Control Receiver
  - Remote Receiver Link
  - Other: \_\_\_\_\_

- This Will Be A:**
- Single site system.
  - Multi site system.
  - Split site system.

This link will be in operation:  Full Time  Part Time (Hours: \_\_\_\_\_)

Link Call Sign: \_\_\_\_\_

List 3 Link Frequency Choices:

- (1) \_\_\_\_\_ MHz
- (2) \_\_\_\_\_ MHz
- (3) \_\_\_\_\_ MHz

Requested CTCSS Access Tone/Code \_\_\_\_\_  
(Optional In Use-Required For Coordination)

**SITE LOCATION:**

Latitude: \_\_\_\_\_ deg \_\_\_\_\_ min \_\_\_\_\_ sec (North)    ♦ Street: \_\_\_\_\_  
 Longitude: \_\_\_\_\_ deg \_\_\_\_\_ min \_\_\_\_\_ sec (West)    ♦ City: \_\_\_\_\_  
 (Both To The Nearest Second)    ♦ County: \_\_\_\_\_ State: \_\_\_\_\_

**GROUND ELEVATION:**

Above Mean Sea Level (AMSL): \_\_\_\_\_  
 Antenna Height Above Average Terrain (HAAT): \_\_\_\_\_ (Per Form WPRC-102)  
 Antenna Height Above Ground: \_\_\_\_\_

**IF APPLICABLE:**

Effective Radiated Power (ERP): \_\_\_\_\_ Watts (Per Form WPRC-103).  
 Direction of Transmitted Signal: \_\_\_\_\_ (E, SE, SW, etc)

**ACCESS/TRANSMITTED CODES:**

Access:  Carrier  PL  Burst  DTMF  Other \_\_\_\_\_ List Frequencies: \_\_\_\_\_  
 Purpose of Link: \_\_\_\_\_  
 Distance from Transmit site to Receive site: \_\_\_\_\_ miles.  
 List Call(s) and Frequencies of Stations Being Linked to: \_\_\_\_\_

**REPEATER TRUSTEE AND SPONSOR:**

Trustee Name: \_\_\_\_\_ ♦ Trustee Call Sign: \_\_\_\_\_  
 Trustee Address: \_\_\_\_\_ ♦ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (Home) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Work) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ext \_\_\_\_ (Cell) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email): \_\_\_\_\_  
 Sponsor (Name or Self): \_\_\_\_\_ Call: \_\_\_\_\_

(All Mail Will Be Sent To The Trustee)

**MISCELLAENOUS:**

What is the link's expected On-Air Date: \_\_\_\_\_  
 Please list any circumstances which you feel would affect this application: \_\_\_\_\_

**ALL INFORMATION MUST BE PROVIDED OR THIS APPLICATION WILL BE RETURNED.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*SUPPORT W.P.R.C.-YOUR DUES HELP DEFRAY THE COST OF COORDINATION \* Form WPRC-101  
Revised: 0694/0413