

## **Twin-Band Area Spectrum Management Association**

Frequency Coordination & Spectrum Management for Southern California

## 1439 W. Chapman Ave. PMB 90 Orange, CA 92868 <u>www.tasma.org</u>

Email your request to RFC@tasma.org

## **Request for Coordination**

Request Type			Date	e Prepared	Received			
Owner of the Coordination Individual or Club that will be the sole entity that can request change to the Coordination								
Name		,		(Call Sign)				
Address				City				
State	Zip	Email Address						
Primary Phone Number				Secondary Phone				
Administrative Contact								
Name				(Call Sign)				
Address				City				
State	Zip	Email Address						
Primary P	hone Number			Secondary Phone				
Technical / Alternate Contact								
Name				(Call Sign)				
Address				City				
State	Zip	Email Address						
Primary Phone Number				Secondary Phone				
A Request for Frequency Coordination (RFC) is only valid for one transmitter at one location based on the coordinated parameters								

A **Request for Frequency Coordination** (RFC) is only valid for one transmitter at one location based on the coordinated parameters supplied by TASMA and agreed upon in the final coordination. This does not convey exclusive use of the frequency pair. If you wish to add additional transmitters, like simulcast, you must submit to TASMA via RFC a request for any additional transmitters. Additional transmitters, even on the same frequency, are considered a new and separate coordination. Operating outside of these parameters, without notifying TASMA, could affect your coordination and cause harmful interference.

Repeater Site Information							
Repeater Call Sign		General Location of the Repeater					
	(To be published in TASMA and ARRL Repeater list)						
Specific Location							
(Not Published)		<u> </u>					
-		Coverage Area					
Latitude		(Area of Requested Coverage)		Site Elevation			
Dec	•	ecimal (AMSL) Above Sea Level			(Meter)		
		Technical Ir					
Output Frequency Input Frequency							
(Requested Frequency if New App	lication	ns) MHz	Z (Requested Frequency if New Applications)		MHz		
	pen	Closed beaters can be used by any licensed	Priv		Operator		
Ci	osed re	epeaters are limited to members on	ly. "Mem	nbership	is open to all who apply"		
Access Method (Ple		epeaters require Prior Authorization	or Perm	nission to	Access Code		
	ase C	neck One)			ALLESS COUE		
CTCSS DCS	O	ther					
Emission (Check One)					er Power		
15k FM D-Star Other	APO	CO DMR			Equipment, to Antenna.		
If Other Please Note:			into i v	ceunne	a to Antenna.		
		Transmitter Ante	nna	Infor	mation	(Watts)	
Antenna Make		Model	IIIIa		Gain	(dBi)	
						(dbi=dbd+2.1)	
Heading		(Degrees True)		Feedline Type			
Feedline Diameter		(In) Feedline Length		(m	neters) FeedLine Loss	(dB/100 ft.)	
If Hardline or Heliax		(), 111 1 3		, , , , , , , , , , , , , , , , , , ,		(******)	
Antenna Height							
(HAGL) Height Above Ground Level		(HAAT) (meter) Height Above Average Terrain			(meter)		
Antenna Duplexing Transmit and Receive on the Same Antenna (Leave Receive Antenna Section Blank Antenna)							
Receive Antenna Information							
Antenna Make		Model			Gain	(dBi)	
Heading		(Degrees True)		Feed	dline Type	(dbi=dbd+2.1)	
Feedline Diameter		(In) Feedline Length		(me	eters) FeedLine Loss	(dB/100 ft.)	
Antenna Height (HAGL) (HAAT)							
Height Above Ground Level	Height Above Ground Level (meter) Height Above Average Terrain (meter)					(meter)	
Linking							
Allstar Node Number: IRLP Node Number:		Dstar Node Numbe Other:	er: Echolink Node Number: RF-Link				
						(Frequency)	

Additional Information for ARRL Repeater Directory Publication						
		o the ARRL for inclusion in the nex	t repeater directory aft	er final coordination is issued		
Repeater S	ponsor aracters/Spaces)					
Check All	Closed Auto Patch	0,	RACES	ARES		
Special	Solar Power	Wind Power	Portable	LiTZ		
Features	Wide Area (>75 Miles)		Maddle and I do			
	Direct Access to Law Enforcement Other:		Multilingual (Languages)			
	Other.					
Notes:						
<u> </u>						
By signing I certify that the information I have provided on this form is accurate to the best of my knowledge, and that the repeater for which I am requesting coordination meets or exceed the official TASMA technical specifications. I further						
acknowledge that all coordinees are expected to share the coordinated frequencies with other coordinated repeaters and						
follow the TASMA code of conduct. I agree to indemnify and hold harmless TASMA, its board and committee members						
form all liabilities, charges, expenses, and cost on account or by reason of inability of TASMA to issue frequency						
coordination to me, or my inability to utilize any frequency coordination issued to me by TASMA.						
Please send your signed completed application to <u>rfc@tasma.org</u> .						
Printed Name						
Signature		Date				