

## **Two Meter Area Spectrum Management Association**

Frequency Coordination & Spectrum Management for Southern California

PO Box 2434 Laguna Hills, CA 92654-2434

www.tasma.org

Email your request to <a href="mailto:RFC@tasma.org">RFC@tasma.org</a>

## **Request for Coordination**

Request Type			Date Prepared		Received			
Owner of the Coordination Individual or Club that will be the sole entity that can request change to the Coordination								
Name	individual of	Club that will be the sole entity	(Call Sign)					
Address			City	City				
State	Zip	Email Address						
Primary P	hone Number		Secondary Ph	Secondary Phone				
Administrative Contact								
Name			(Call Sign)	(Call Sign)				
Address			City	City				
State	Zip	Email Address						
Primary P	hone Number		Secondary Ph	Secondary Phone				
Technical / Alternate Contact								
Name			(Call Sign)	(Call Sign)				
Address			City	City				
State	Zip	Email Address						
Primary P	hone Number		Secondary Ph	Secondary Phone				

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	e Informa	ntion			
Repeater Call Sign		General Location of the Repeater					
		(To be published in TASMA and ARRL Repeater list)					
Specific Locatio (Not Published)	n						
County		Coverage Area	overage Area				
		(Area of Requested Covera		<b>21</b> 41			
Latitude	Dardaral	Longitude Site Elevation			(		
	Decimal	Technical I	•	L) Above Sea Level	(Meter)		
Output Frequence	.v	i <del>c</del> ciiiiicai i					
(Requested Frequency if New	•	Input Frequency  MHz (Requested Frequency if New Applications)			MHz		
Repeater Type	Open	Closed	Private				
	Closed i	peaters can be used by any license repeaters are limited to members o	nly. "Membershi <sub>l</sub>	p is open to all who apply"			
Access Method		repeaters require Prior Authorizatio	n or Permission	Access Code			
Access Method	Please C	neck One)		Access Code			
CTCSS DCS	О	ther					
Emission (Check One)		Transmitter Power					
15k FM D-Star Other	AP	APCO DMR Out of all the Equipment, Into Feedline to Antenna.					
If Other Please Note:	Other Please Note:						
		Transmitter Ante	nna Info	rmation	(Watts)		
Antenna Make					(dBi)		
Heading (Degrees True) Feedline Type				edline Type	(dbi=dbd+2.1)		
Feedline Diameter If Hardline or Heliax		(In) Feedline Length	(meters) FeedLine Loss		(dB/100 ft.)		
Antenna Height							
(HAGL)		(HAAT)			, , ,		
Height Above Ground Leve				verage Terrain Inna (Leave Receive Antenna Section	(meter) on Blank Antenna)		
a 2 aprox		Receive Anten		'			
Antenna Make		Model		Gain	(dBi)		
Heading	(Degrees True) Feedline Type		edline Type	(dbi=dbd+2.1)			
Feedline Diameter If Hardline or Heliax		(In) Feedline Length (n		neters) FeedLine Loss	(dB/100 ft.)		
Antenna Height (HAGL)							
(HAGL) Height Above Ground Level (meter) Height Above Average Terrain					(meter)		
Linking							
Allstar Node Numbe	r:	Dstar Node Numb	er:	Echolink Node Number:	<b>/-</b>		
IRLP Node Number:		Other:		RF-Link	(Frequency)		

Additional Information for ARRL Repeater Directory Publication  This information will be provided to the ARRL for inclusion in the next repeater directory after final coordination is issued.							
Repeater Sponsor (Limit to 10 Characters/Spaces)							
Check All Special Features	Closed Auto Pa Solar Power Wide Area (>75 the Direct Access the Other:	Miles)	Emergency Power Wind Power Weather Reportions		RACES Portable Multilingual	ARES LiTZ al (Languages)	
Notes:							
Is the repeater currently on the air? Yes No If yes, when did it go on the air? If no, then the date it is expected to go on the air?							
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 rfc@tasma.org.							
Printed Name							
Signature					Date		