

# REPEATER SYSTEM WORKSHEET

## NATIONAL LICENSE

12591 Brompton Rd, CARMEL, IN 46033  
Ph: 317-564-8018 Fax: 317-564-8335  
Email: pkhoury@nationallicense.com

Applicant Name \_\_\_\_\_  
Contact Person/TITLE \_\_\_\_\_ Taxpayer EIN OR SSN \_\_\_\_\_  
Mail Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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### REPEATER INFORMATION

Type of Repeater \_\_\_\_\_ Wattage Output \_\_\_\_\_ Antenna Gain \_\_\_\_\_  
Transmitter Site Location \_\_\_\_\_  
City \_\_\_\_\_ \*LOUISIANA PARRISH/\*ALASKA: BORO REQUIRED  
County\* \_\_\_\_\_ State \_\_\_\_\_  
Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Elevation \_\_\_\_\_ (FT)  
Type of Antenna Supporting Structure (Check One) \_\_\_\_\_ Building \_\_\_\_\_ Tower \_\_\_\_\_ Pole \_\_\_\_\_  
Height of Supporting Structure \_\_\_\_\_ + Length of Antenna \_\_\_\_\_ = Total Ht. To Tip \_\_\_\_\_ (FT)

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### CONTROL STATION

Wattage \_\_\_\_\_ Address \_\_\_\_\_  
City/County/State/Phone No. \_\_\_\_\_  
Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Elevation \_\_\_\_\_ (FT)  
Supporting Structure \_\_\_\_\_ + Antenna Length \_\_\_\_\_ = \_\_\_\_\_ FT. To Tip

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### MOBILES

# MObiles \_\_\_\_\_ Wattage Output \_\_\_\_\_ # Portables \_\_\_\_\_ Wattage Output \_\_\_\_\_  
# Pagers \_\_\_\_\_ Do You Want Mobile Talkaround? \_\_\_\_\_ Area of Operation \_\_\_\_\_ (MILES)  
Frequency Range Preferred: VHF UHF LOW BAND 800 900

EQUIPMENT: PLEASE INDICATE EXACT EMISSION DESIGNATOR(S) \_\_\_\_\_  
(NARROWBAND OR WIDEBAND)

Describe your specific business activity: \_\_\_\_\_

Check One: New License \_\_\_\_\_ Modification \_\_\_\_\_ CALL SIGN \_\_\_\_\_

Describe Modification: \_\_\_\_\_

ATTENTION RADIO DEALERS: Please supply us with your NAME, ADDRESS, PHONE AND FAX NUMBERS.

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