

REPEATER SYSTEM WORKSHEET

NATIONAL LICENSE

938 3RD AVENUE NW, CARMEL, IN 46032

Ph: 317-564-8018 Fax: 800-841-0516

Email: pkhoury@nationallicense.com

Applicant Name _____

Contact Person/TITLE _____ Taxpayer EIN OR SSN _____

Mail Address _____ City/State/Zip _____

Telephone No. _____ Fax No. _____

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)

CONTROL STATION

Wattage _____ Address _____

City/County/State/Phone No. _____

Latitude _____ Longitude _____ Elevation _____ (FT)

Supporting Structure _____ + Antenna Length _____ = _____ FT. To Tip

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.

You may call, fax or email National License for a price quotation. If paying by check, please make out one check payable to National License Corp. Engineering Study Fees if above Line A near Canada are not included. Inter Service Coordination Fees are additional.