REPEATER SYSTEM WORKSHEET

NATIONAL LICENSE

6675 EAST 75TH ST, APT 419, INDIANAPOLIS, IN 46250

PHONE: 317-564-8018

EMAIL: pkhoury@nationalicense.com

Applicant Name _____

Contact Person/TITLE_____ **Taxpayer EIN OR SSN** _____

Mail Address_____ **City/State/Zip** _____

Telephone No. _____

REPEATER INFORMATION

Type of Repeater_____ **Wattage Output**_____ **Antenna Gain**_____

Transmitter Site Location_____

City_____ **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) - Narroband 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.

Car-Comm, Inc. 8011 Monetary Drive, Suite A2 Riviera Beach, FL 33404-1702 800.734.3609 561.694.0977

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