

REQUEST FOR COORDINATION – REPEATER

Upper Peninsula Amateur Radio Repeater Association

UPARRA Frequency Coordinator

Email: coordinator@uparra.org

Website: <https://uparra.org>

This form is to be used to request coordination for a pair of frequencies for a new amateur repeater in the Upper Peninsula of Michigan, or to change location or ownership of an existing repeater. The coordinator will assign best frequency pair per location, UNLESS specific pair is requested. The coordination process takes 45 days from time this form is received. The repeater must be built within 6 months following approval, or an extension must be applied for. Email completed form, keeping copy for own records. UPARRA is the recognized coordinator for amateur repeaters in the U.P. Of Michigan. UPARRA is a member-supported organization, and membership is not required.

| Request Type | | |
|---------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> New Repeater | <input type="checkbox"/> Relocation | <input type="checkbox"/> New Owner |
| DATE: | <input type="text"/> | |

| Repeater Licensee Information | |
|-------------------------------|---|
| Club/Group: | <input type="text"/> |
| Name: | <input type="text"/> |
| Callsign: | <input type="text"/> |
| Addr: | <input type="text"/> |
| City: | <input type="text"/> |
| State: | MICHIGAN Zip: <input type="text"/> |
| Email: | <input type="text"/> |
| Phone: | <input type="text"/> |
| Repeater Callsign | <input type="text"/> |
| Trustee: | <input type="text"/> |

| General Repeater Information | |
|------------------------------|---|
| Band Requested: | <input type="checkbox"/> 29 <input type="checkbox"/> 50 <input type="checkbox"/> 145-147 <input type="checkbox"/> 222 <input type="checkbox"/> 440 MHz |
| Mode: | <input type="checkbox"/> FM Voice <input type="checkbox"/> Digital Voice <input type="checkbox"/> ATV <input type="checkbox"/> Other <input type="text"/> |
| Repeater access will be: | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| Access: | <input type="checkbox"/> PL/tone: <input type="text"/> <input type="checkbox"/> digital/code <input type="text"/> <input type="checkbox"/> other: <input type="text"/> |
| Proposed Features: | <input type="checkbox"/> (A)utopatch, open <input type="checkbox"/> (CA) Autopatch, closed <input type="checkbox"/> (E)mergency power <input type="checkbox"/> (WX) Weather nets <input type="checkbox"/> Echolink/ IRLP <input type="checkbox"/> (P)ortable <input type="checkbox"/> Other <input type="text"/> |

| Transmitter Information | |
|---|---|
| Transmitter Frequency: | <input type="text"/> MHz |
| Transmitter power output: | <input type="text"/> Watts |
| Effective radiated power: | <input type="text"/> Watts |
| Transmitter Location, in or near this city: | <input type="text"/> , MI |
| Transmitter Location (Degrees, Minutes, Seconds): | |
| Latitude: | <input type="text"/> deg <input type="text"/> min <input type="text"/> sec N |
| Longitude: | <input type="text"/> deg <input type="text"/> min <input type="text"/> sec W |
| Tower base, at ground elevation: | <input type="text"/> ft AMSL |
| Antenna elevation above ground: | <input type="text"/> ft |
| FCC tower registration number (if registered): | <input type="text"/> |

| Receiver Information | |
|---|---|
| Receiver Frequency: | <input type="text"/> MHz |
| Transmitter Location (Degrees, Minutes, Seconds): | |
| Latitude: | <input type="text"/> deg <input type="text"/> min <input type="text"/> sec N |
| Longitude: | <input type="text"/> deg <input type="text"/> min <input type="text"/> sec W |

| COORDINATOR USE ONLY (DO NOT FILL) | |
|--|---|
| Date Request Received: | |
| States Notified: | <input type="checkbox"/> MI <input type="checkbox"/> WI <input type="checkbox"/> MN |
| Transmit Freq: | <input type="text"/> MHz |
| Receiving Freq: | <input type="text"/> MHz |
| <input type="checkbox"/> Approved <input type="checkbox"/> Holding <input type="checkbox"/> Denied | |
| Reason: | <input type="text"/> |
| Date: | <input type="text"/> |

Signature:

Callsign:

Date: