

# REQUEST FOR COORDINATION – REPEATER

## Upper Peninsula Amateur Radio Repeater Association

UPARRA Frequency Coordinator

Email: [coordinator@uparra.org](mailto:coordinator@uparra.org)

Website: <https://uparra.org>

This form must be filed within 6 months of your grant of coordination, or when your repeater is operational. This form serves one of two purposes, to state that the repeater is on the air, or to request a 6 month extension of the time to construct the repeater. If this form is not received in a timely manner by the UPARRA, the coordination may be rescinded. With the bands filling up, it is not possible to hold open coordination for a repeater that will not be built.

Request Type	
<input type="checkbox"/> On The Air	<input type="checkbox"/> 6 Month Extension
Today's DATE: <input style="width: 100%;" type="text"/>	

Repeater Licensee Information	
Club/Group: <input style="width: 100%;" type="text"/>	
Name: <input style="width: 100%;" type="text"/>	
Callsign: <input style="width: 100%;" type="text"/>	
Addr: <input style="width: 100%;" type="text"/>	
City: <input style="width: 100%;" type="text"/>	
State: <b>MICHIGAN</b> Zip: <input style="width: 100%;" type="text"/>	
Email: <input style="width: 100%;" type="text"/>	
Phone: <input style="width: 100%;" type="text"/>	
Repeater Callsign <input style="width: 100%;" type="text"/>	
Trustee: <input style="width: 100%;" type="text"/>	

General Repeater Information	
Mode:	<input type="checkbox"/> FM Voice <input type="checkbox"/> Digital Voice <input type="checkbox"/> ATV <input type="checkbox"/> Other <input style="width: 100%;" type="text"/>
Repeater access will be:	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Access:	<input type="checkbox"/> PL/tone: <input style="width: 100%;" type="text"/> <input type="checkbox"/> digital/code <input style="width: 100%;" type="text"/> <input type="checkbox"/> other: <input style="width: 100%;" 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 style="width: 100%;" type="text"/>

Transmitter Information	
Transmitter Frequency:	<input style="width: 100%;" type="text"/> MHz
Transmitter power output:	<input style="width: 100%;" type="text"/> <b>Watts</b>
Effective radiated power:	<input style="width: 100%;" type="text"/> <b>Watts</b>
Transmitter Location, in or near this city:	<input style="width: 100%;" type="text"/> , <b>MI</b>
Transmitter Location (Degrees, Minutes, Seconds):	Latitude: <input style="width: 20px;" type="text"/> deg <input style="width: 20px;" type="text"/> min <input style="width: 20px;" type="text"/> sec <b>N</b> Longitude: <input style="width: 20px;" type="text"/> deg <input style="width: 20px;" type="text"/> min <input style="width: 20px;" type="text"/> sec <b>W</b>
Tower base, at ground elevation:	<input style="width: 100%;" type="text"/> <b>ft AMSL</b>
Antenna elevation above ground:	<input style="width: 100%;" type="text"/> <b>ft</b>
FCC tower registration number (if registered):	<input style="width: 100%;" type="text"/>

Receiver Information	
Receiver Frequency:	<input style="width: 100%;" type="text"/> MHz
Transmitter Location (Degrees, Minutes, Seconds):	Latitude: <input style="width: 20px;" type="text"/> deg <input style="width: 20px;" type="text"/> min <input style="width: 20px;" type="text"/> sec <b>N</b> Longitude: <input style="width: 20px;" type="text"/> deg <input style="width: 20px;" type="text"/> min <input style="width: 20px;" type="text"/> sec <b>W</b>

Please sign **ONLY ONE** of these boxes, below:

This repeater is now on the air:		
Signature: <input style="width: 90%;" type="text"/>	Callsign: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

I am filing for a 6 month extension to complete construction:		
Signature: <input style="width: 90%;" type="text"/>	Callsign: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>