

Inland Amateur Coordination Council
23 Lookout Ridge Ln, Manson WA 98831

Email application to iacc.coordinator@nwi.net

1. Action Requested:

New coordination Renewal Modify Coordination New Trustee

2. System Type:

Repeater Link Remote Receiver Single frequency Remote

Other

3. Frequency

Band Output Frequency Input Frequency

4. System Status

Fully Operational Fully Operational by

5. Site Data

Check One Transmitter Receiver Both Provide Data as NAD-27 as XX.XXXXXXX
State Washington Idaho

Geographic area of service Latitude

City Identified with Repeater Longitude

County Ground Elevation (HASL) Ft

St Address or Description Height of Avg. Terrain (HAAT) Ft

Site Name Ant Height above Ground Level Ft

Supporting Info

Station Call Sign

6. Transmitter Power and Antenna **[Maximum 100W ERP]**

Transmitter Power W Duplexer/ coax Loss dB Antenna Gain dBd

Antenna Omni if Beam, Heading Deg. 3 dB points Deg. F/B ratio dB

7. Mode, Access Control, and Output **[Input Access Control Mandatory]**

| <u>Mode</u> | | <u>Access Control</u> | | <u>Output</u> | |
|--|---------------------------------------|--|--|---|--|
| <input type="checkbox"/> FM-W 5Khz deviation | <input type="checkbox"/> P 25 PHASE 1 | <input type="checkbox"/> CTSS <input type="text"/> Hz | | <input type="checkbox"/> CTSS <input type="text"/> Hz | |
| <input type="checkbox"/> FM-N 2.5Khz deviation | <input type="checkbox"/> P 25 PHASE 2 | <input type="checkbox"/> DIGITAL <input type="text"/> | | <input type="checkbox"/> DIGITAL <input type="text"/> | |
| <input type="checkbox"/> D STAR DV | <input type="checkbox"/> P 25 NAC | <input type="checkbox"/> NAC <input type="text"/> | | <input type="checkbox"/> NAC <input type="text"/> | |
| <input type="checkbox"/> D STAR DD | <input type="checkbox"/> NXDN DIGITAL | <input type="checkbox"/> DMR CC <input type="text"/> | | <input type="checkbox"/> T TONE <input type="text"/> | |
| <input type="checkbox"/> DMR | <input type="checkbox"/> NXDN MIXED | <input type="checkbox"/> FUSION DSQ <input type="text"/> | | <input type="checkbox"/> OTHER <input type="text"/> | |
| <input type="checkbox"/> FUSION | <input type="checkbox"/> NXDN RAN | <input type="checkbox"/> RAN <input type="text"/> | | | |
| <input type="checkbox"/> FUSION DSQ | <input type="checkbox"/> ATV | <input type="checkbox"/> T TONE <input type="text"/> | | | |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> DATV | <input type="checkbox"/> OTHER <input type="text"/> | | | |

8. System Features

- | | | |
|--|--|--|
| <input type="checkbox"/> REPEATER OPEN | <input type="checkbox"/> REPEATER PRIVATE | <input type="checkbox"/> REPEATER CLOSED |
| <input type="checkbox"/> AUTO PATCH OPEN | <input type="checkbox"/> AUTO PATCH CLOSED | <input type="checkbox"/> EMERGENCY POWER |
| <input type="checkbox"/> ILRP NODE # <input type="text"/> | <input type="checkbox"/> ECHO LINK NODE # <input type="text"/> | |
| <input type="checkbox"/> ALLSTAR NODE # <input type="text"/> | <input type="checkbox"/> DIRECT ACCESS TO 911 | <input type="checkbox"/> RACES <input type="checkbox"/> ARES |
| <input type="checkbox"/> OTHER <input type="text"/> | | |

9. SPONSOR, GROUP, WEB SITE INFORMATION IF ANY

- Group or Club Sponsor Name

WEB Site or contact information

COORDINATION HOLDER (TRUSTEE) must have valid Amateur radio License

| | |
|--|---------------------------------------|
| Name: <input type="text"/> | E Mail # 1 <input type="text"/> |
| Address <input type="text"/> | E Mail # 2 <input type="text"/> |
| City <input type="text"/> State <input type="text"/> | Phone number <input type="text"/> |
| ZIP Code <input type="text"/> Call sign <input type="text"/> | Alt Phone number <input type="text"/> |

ALTERNATE CONTACT FOR THIS SYSTEM

| | |
|--|---------------------------------------|
| Name: <input type="text"/> | E Mail # 1 <input type="text"/> |
| Address <input type="text"/> | E Mail # 2 <input type="text"/> |
| City <input type="text"/> State <input type="text"/> | Phone number <input type="text"/> |
| ZIP Code <input type="text"/> Call sign <input type="text"/> | Alt Phone number <input type="text"/> |

10. OTHER SYSTEM DESCRIPTION IF REQUIRED

Include any other information, Co-channel agreement, ownership description, special configurations or linking information

11. COORDINATION HOLDER CERTIFICATION

I certify that I have read and agree to abide by the IACC Coordination Policies, and that the statements above are complete correct and true to the best of my knowledge.

Applicant or Coordination Holder

Amateur Call

Date

IACC Coordinator

Amateur Call

Date

IACC Date Received

Date Approved

Record #

References:

IACC Charter
Purpose of our Repeater Data Base
Technical Data Sheet Instructions
2/20/2018