

# Metropolitan Coordination Association, Inc. – MetroCor

305-12 Knickerbocker Avenue Bohemia, NY 11716

## Instructions for Auxiliary Link Frequency Coordination Application / Renewal

### Information Current and Complete

Information filed with MetroCor must be kept current and complete.

### Membership Fee and Coordination Fees

The yearly dues fee for **MetroCor Membership** is \$20.00 per year per Sponsor/Club/Organization. This fee does not include Coordination Fees.

**Coordination Fees** are \$15.00 for the PRIMARY Coordination with \$5.00 for each Additional Coordination. These fees are assessed by the Sponsor/Club/Organization Mailing Address. This fee does not include MetroCor Membership Fees (dues).

There is a **Special First Year Rate** for Membership and Coordination that is \$15.00 for the PRIMARY Coordination and \$5.00 for 1<sup>st</sup> year membership for \$20.00, with \$5.00 for each Additional Coordination. For more information on MetroCor Membership Fees see the Bylaws.

### For Assistance

For Assistance with this application, please send an email to [metrocor@metrocor.net](mailto:metrocor@metrocor.net) or send correspondence to: MetroCor, 305-12 Knickerbocker Avenue, Bohemia, NY, 11716

## General Information

**ITEM 1: Transmitter Callsign** Transmitter (Emitter) Callsign (Make sure to submit copy of FCC license for callsign with paperwork)

**ITEM 2: Expire Date** Sponsor, Club or Organization Callsign Expiration Date Format of response: MM/DD/YY

**ITEM 3: Sponsor, Club or Organization Name** Full name of Sponsor, Club or Organization Name

**ITEM 4: Issue Coordination to** Name of individual who is Trustee or Name of Sponsor, Club or Organization Name Format of response: Full name

**ITEM 5: Callsign** Callsign of Person/Entity Issued Coordination (Make sure to submit copy of FCC license for callsign with paperwork)

**ITEM 6: Sponsored by** Check Box if sponsored by Individual or club/group/association Approximate amount of users/members of system.

## Application Processing Information

**ITEM 7: Application Processing Information** Check the box for the type of application is being completed. NEW, RENEW, MODIFY, Request info.

## Link Frequency

**ITEM 8: Link TX Frequency** Enter Frequency of Link in Megahertz.

**ITEM 9: PL/DPL** Enter PL or DPL code being used by link, if any.

**ITEM 10: Hz** Enter frequency PL or DPL being used by link, if any.

**ITEM 11: Use of link - Repeater to Repeater/Remote receiver link/Other:** Select which type of usage link is being used for.

## Geographic Information for Link Transmitter

**ITEM 12: Facility** Enter the name of the Facility or location where the emitter is. I.e.: County Hospital Complex 13<sup>th</sup> Flr.; Babylon Town Hall Tower

**ITEM 13: ASRN Antenna Structure Registration Number** A few years ago, the FCC started to require registration of towers/structures. Each tower/structure was given an "Antenna Structure Registration Number". This number must be posted at every antenna site and can be identified on the FCC's web site. It will be a source of accurate geographic coordinates and will be invaluable for identifying multiple systems at the same site.

**ITEM 14: Address** Full Mailing Address for location where transmitter is.

**ITEM 15: City** City/Town for location where transmitter is.

**ITEM 16: County** County for location where transmitter is.

**ITEM 17: State** State for location where transmitter is. Format of response: 2 Letter State Abbreviation

**ITEM 18: Location Name to List in Repeater Directory (14 Character Max.)** Abbreviation of location of emitter.  
Format of response: 14 characters total including spaces i.e.: W. Suffolk

**ITEM 19: Base Ground Elevation (HASL-Height Above Sea Level)** Height the base of the support structure is above sea level. Format of Response: in feet

**ITEM 20: Antenna Height Above Ground (HAGL)** Height the antenna is mounted above the base of the support structure. Format of response: in feet

**ITEM 21: Height Above Average Terrain (HAAT)** Height of the antenna above trees and/or local buildings around the antenna installation. Format of response: in feet

**ITEM 22: Latitude** Transmitter Antenna Latitude Format of response: Degrees(°), minutes('), seconds("")

**ITEM 23: Longitude** Transmitter Antenna Longitude Format of response: Degrees(°), minutes('), seconds("")

**ITEM 24: Geodetic Datum WGS84 NAD83 NAD27 Other:** Format of response: Check or circle which was used for Lat and Lon. If other write in answer.

## **Geographic Information for Link Target Site**

**ITEM 25: Facility** Enter the name of the Facility or location where the Link Target is. I.e.: County Hospital Complex 13<sup>th</sup> Flr.; Babylon Town Hall Tower

**ITEM 26: ASRN Antenna Structure Registration Number** A few years ago, the FCC started to require registration of towers/structures. Each tower/structure was given an "Antenna Structure Registration Number". This number must be posted at every antenna site and can be identified on the FCC's web site. It will be a source of accurate geographic coordinates and will be invaluable for identifying multiple systems at the same site.

**ITEM 27: Address** Full Mailing Address for location where Link Target is.

**ITEM 28: City** City/Town for location where Link Target is.

**ITEM 29: County** County for location where Link Target is.

**ITEM 30: State** State for location where Link Target is. Format of response: 2 Letter State Abbreviation

**ITEM 31: Location Name to List in Repeater Directory (14 Character Max.)** Abbreviation of location of Link Target.  
Format of response: 14 characters total including spaces i.e.: W. Suffolk

**ITEM 32: Base Ground Elevation (HASL-Height Above Sea Level)** Height the base of the support structure is above sea level. Format of Response: in feet

**ITEM 33: Antenna Height Above Ground (HAGL)** Height the antenna is mounted above the base of the support structure. Format of response: in feet

**ITEM 34: Height Above Average Terrain (HAAT)** Height of the antenna above trees and/or local buildings around the antenna installation. Format of response: in feet

**ITEM 35: Latitude** Link Target Antenna Latitude Format of response: Degrees(°), minutes('), seconds("")

**ITEM 36: Longitude** Link Target Antenna Longitude Format of response: Degrees(°), minutes('), seconds("")

**ITEM 37: Geodetic Datum WGS84 NAD83 NAD27 Other:** Format of response: Check or circle which was used for Lat and Lon. If other write in answer.

## **Transmitter Power**

**ITEM 38: Transmitter Power Output** Output Power of Transmitter's Final stage. Format of response: Watts

**ITEM 39: Antenna System Loss** Amount of losses due to duplexers, Feedline, etc. Format of response: dB

**ITEM 40: Maximum Antenna Gain at Horizon** Max Gain of Antenna as per manufacturer specifications. Format of response: dB

**ITEM 41: Effective Isotropic Radiated Power** The Estimated Radiated Power of the Transmitter's Item 38 minus Item 39 plus Item 40. Format of response: Watts

## **Antenna Radiation Pattern**

**ITEM 42: Omnidirectional – Top Mounted** Orientation of Antenna if it is top mounted and Omnidirectional check box

**ITEM 43: Omnidirectional – Side Mounted** Orientation of Antenna if it is side mounted and Omnidirectional check box and enter the requested information about favored and shadowed direction.

**ITEM 44: Elliptical/Bi-Directional** Orientation of Antenna if it is Elliptical/Bi-directional check box and enter the requested information about Major Lobe Axis in degrees, its –3 db Beamwidth in degrees, and its Front to Side Ratio in dBs.

**ITEM 45: Cardioid/Unidirectional** Orientation of Antenna if it is Cardioid/Uni-directional check box and enter the requested information about Major Lobe Axis in degrees, its –3 db Beamwidth in degrees, and its Front to Side Ratio in dBs.

**ITEM 46: Antenna Polarization** Check the appropriate box (Vertical, Horizontal, Circular/Elliptical)

## **Primary Contact**

**ITEM 47: Name** Primary Contact's Full Name Format of Response: First Name MI Last Name Suffix if any

**ITEM 48: Position** Primary Contact's Position in Organization Check appropriate box or fill in Other

**ITEM 49: Callsign** Primary Contact's Callsign (Make sure to submit copy of FCC license for callsign with paperwork)

**ITEM 50: Class** Primary Contact's License Class Format of response: (Tech, Gen, Adv, Ext, Club)

**ITEM 51: Expiration Date** Primary Contact's Callsign Expiration Date Format of response: MM/DD/YY

**ITEM 52: Address** Primary Contact's Full Mailing Address

**ITEM 53: City** Primary Contact's City/Town

**ITEM 54: State** Primary Contact's State Format of response: 2 Letter State Abbreviation

**ITEM 55: Zip** Primary Contact's Zip Code Format of response: 5 by 4 if available i.e.: 11704-2606

**ITEM 56: Home Phone** Primary Contact's Home Phone Number Format of response: (Area Code) 555-1234

**ITEM 57: Work Phone** Primary Contact's Work Phone Number Format of response: (Area Code) 555-1234 ext.

**ITEM 58: Fax** Primary Contact's Work Phone Number Format of response: (Area Code) 555-1234

**ITEM 59: Email Address** Primary Contact's Internet Email Address

**ITEM 60: Pager** Primary Contact's Pager Number Format of response: (Area Code) 555-1234 pin #

**ITEM 61: Mobile Phone** Primary Contact's Mobile/Cell Phone Number Format of response: (Area Code) 555-1234

**ITEM 62: Packet Address** Primary Contact's Packet Address

## **Secondary Contact**

**ITEM 63: Name** Secondary Contact's Full Name Format of Response: First Name MI Last Name Suffix if any

**ITEM 64: Position** Secondary Contact's Position in Organization Check appropriate box or fill in Other

**ITEM 65: Callsign** Secondary Contact's Callsign (Make sure to submit copy of FCC license for callsign with paperwork)

**ITEM 66: Class** Secondary Contact's License Class Format of response: (Tech, Gen, Adv, Ext, Club)

**ITEM 67: Expiration Date** Secondary Contact's Callsign Expiration Date Format of response: MM/DD/YY

**ITEM 68: Address** Secondary Contact's Full Mailing Address

**ITEM 69: City** Secondary Contact's City/Town

**ITEM 70: State** Secondary Contact's State Format of response: 2 Letter State Abbreviation

**ITEM 71: Zip** Secondary Contact's Zip Code Format of response: 5 by 4 if available i.e.: 11704-2606

**ITEM 72: Home Phone** Secondary Contact's Home Phone Number Format of response: (Area Code) 555-1234

**ITEM 73: Work Phone** Secondary Contact's Work Phone Number Format of response: (Area Code) 555-1234 ext.

**ITEM 74: Fax** Secondary Contact's Work Phone Number Format of response: (Area Code) 555-1234

**ITEM 75: Email Address** Secondary Contact's Internet Email Address

**ITEM 76: Pager** Secondary Contact's Pager Number Format of response: (Area Code) 555-1234 pin #

**ITEM 77: Mobile Phone** Secondary Contact's Mobile/Cell Phone Number Format of response: (Area Code) 555-1234

**ITEM 78: Packet Address** Secondary Contact's Packet Address

**ITEM 79: Position of person completing document** Position in Organization of the person completing this document. Check appropriate box or fill in Other

**ITEM 80: Signature** Legal Signature of the individual that filled out the document to verify you have completed the document to the best of your knowledge

**ITEM 81: Callsign** Callsign of the individual that filled out the document

**ITEM 82: Date** Date the document was signed and completed being filled out.

If you have any prior documentation to confirm your responses to these items please send photo copies of the originals so we can compare these to the paperwork that has been forwarded to us.

We thank you for your time and patience as we go through this process of contacting ALL equipment owners.

Please be aware that this has been a time extensive process and we have not been able to contact every owner as quickly as we would have liked because of the limited information we were first given.

Thank you,

MetroCor