

# REPEATER SYSTEM WORKSHEET

NATIONAL LICENSE

938 3<sup>RD</sup> AVENUE NW, CARMEL, IN 46032

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Applicant Name \_\_\_\_\_

Contact Person/TITLE \_\_\_\_\_ Taxpayer EIN OR SSN \_\_\_\_\_

Mail Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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## REPEATER INFORMATION

Type of Repeater \_\_\_\_\_ Wattage Output \_\_\_\_\_ Antenna Gain \_\_\_\_\_

Transmitter Site Location \_\_\_\_\_

City \_\_\_\_\_ \*LOUISIANA PARRISH/\*ALASKA: BORO REQUIRED  
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)

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## CONTROL STATION

Wattage \_\_\_\_\_ Address \_\_\_\_\_

City/County/State/Phone No. \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Elevation \_\_\_\_\_ (FT)

Supporting Structure \_\_\_\_\_ + Antenna Length \_\_\_\_\_ = \_\_\_\_\_ FT. To Tip

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## 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) \_\_\_\_\_  
(NARROWBAND 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.

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