

RS/MRFAC

PH: 800-262-9206

mrfac@radiosoft.com

FREQUENCY COORDINATION REQUEST FORM – SUPPLEMENT TO FCC Form 601

Applicants must also supply a signed FCC Form 601 Main Form Page 4 with this supplemental form. If you need assistance with this form, please contact the coordination office for details.

APPLICANT/LICENSEE

CONTACT REPRESENTATIVE

Licensee Name: _____
Address: _____
City/St/Zip: _____
Ph# / Fax#: _____
Business Activity: _____
Email: _____

Name: _____
Company: _____
Address: _____
City/St/Zip: _____
Ph# / Fax#: _____
Email: _____

FCC Registration Number (FRN): _____

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Type of Request: New Modification / Renewal / Reinstatement Call Sign: _____

Frequency Band Requested:

25-50MHz 72/75MHz 150/174MHz 154/173MHz Telemetry 450-470MHz 800/900MHz

This request is for: Single Frequency Frequency Pair Multiple Frequencies (Total # _____)

Transmitter Information

Base Station / Repeater Output Power _____ / ERP _____ # Pagers _____

Mobile/Hand-Held Information

*****Is this request for Mobile Only or Hand-Held Only Use?** Yes No

*****If YES, please provide Model Number of Units** _____

Vehicles _____ Output Power _____ / ERP _____

Hand-Helds _____ Output Power _____ / ERP _____

Emission Designators MUST be Narrow-Band Compliant with the exception of specific "Paging" frequencies and channels above 800MHz.

Analog Voice Data Digital (Provide Brand Name and Band-Width): _____

COMMENTS _____

Frequency Coordination Fees are due when application is submitted for coordination. We accept check, wire transfer and credit cards – payable to the chosen coordinator: RS/MRFAC