

LOUISIANA COUNCIL OF AMATEUR RADIO CLUBS

www.lacouncil.net

COORDINATION FORM

Record Number:		
City: _____	State: LA	TX Latitude: _____
Input: _____		TX Longitude: _____
Output: _____		RX Latitude: _____
Transmit PL: _____		RX Longitude: _____
Receive PL: _____		Sponsor: _____
Call: _____		Website: _____
Type: _____		Sponsor #: _____

Carrier: ____	Portable:	RACES: _	Burst: ____
Touch Tone:	Closed Access:	ARES: __	Whistle: ____
Autopatch: _	Autopatch:	Wide Area:	RTTY: ____
Emergency Power: .	Crossband:	Law AP: .	Weather: ____
	Dual Squelch:		LITZ: _

Old Access Field:	Published Notes:
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Coordination Current:		Region:	
Coordination Date:	Construction Date:	Update Date:	De-coordination Date:
Comments:			
System Status: 3		Trustee Record Number: 10	

Source: LCARC	AMSL: Feet	ERP: Watts	HAAT: Feet
Coordination Body: LCARC	Geographic Area:		
	Source Date/ Time:		
Site Address:			
Site Name:			
Site Parish:			Class Control:
Control Operator 1:	Home Number:		Work Number:
Control Operator 2:	Home Number:		Work Number:

TX Antenna Type:	RX Antenna Type:
TX Antenna Gain: db	RX Antenna Gain: db
TX Loss: db	RX Loss: db
TX Bearing Antenna: deg.	RX Bearing Antenna: deg.
TX Antenna Height: Feet	RX Antenna Height: Feet
TX Antenna Beam-width:	Rx Antenna Beam-width:
TX Antenna FB Ratio:	Rx Antenna FB Ratio:
TX Antenna Polarization:	Rx Antenna Polarization:
TX Power: Watts	
TX Comment:	Rx Comment :

Date Submitted:	Phone:
Name:	E-mail:
Signature:	

I request that LCARC coordinate the above for me or my organization. I also acknowledge that I have read and understand LCARC Coordination Policy and the FCC Part 97 rules pertaining to repeater operation.

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