MULTIPLE ADDRESS SYSTEM
DATA SHEET

LICENSEE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LICENSEE CONTACT: _____ PHONE: _____

ENGINEERING CONTACT: _____ PHONE: _____

COMPANY (IF DIFFERENT THAN LICENSEE): _____

PROPOSED MASTER TRANSMITTER NAME: _____

CALL SIGN: (IF EXISTING) _____

LATITUDE: (NAD 83) _____

LONGITUDE: (NAD 83) _____

GROUND ELEVATION:
(AMSL) (Meters Preferred) _____

ANTENNA CENTERLINE: (AGL) _____

ANTENNA MAKE & MODEL: _____

ANTENNA GAIN: (dBi) _____

RADIO EQUIPMENT
MAKE & MODEL: _____

TRANSMIT POWER: _____

EMISSION DESIGNATOR: _____

LINE LOSS: _____

RADIUS OF OPERATION: _____

DUPLEX OR SIMPLEX?: _____

NUMBER OF REMOTE SITES: _____ 10 YEAR PROJECTION: _____

ADDITIONAL COMMENTS: _____

Fax or Email completed forms to customersupport@comsearch.com Fax: (703) 726-5595
Questions? Please call (703) 726-5650