

Microwave Frequency Coordination Request

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Please complete this form to fax a microwave frequency coordination request. *This form has been set up* so you can type your information directly on-screen to make it more legible for faxing. Just fill it out and print for faxing. We will contact you within one business day to confirm receipt of your request and to obtain additional information, if needed.

ALL FIELDS WITH AN * MUST BE COMPLETED FOR YOUR REQUEST TO BE ACCEPTED.

Administrative Informa	tion			
Contact Company *				
Street *				
City, State, ZIP *				
Licensee Contact *				
Phone *				
Fax			Ī	
E-mail *			_	
Licensee (if different from Contact)				
Street				
City, State, ZIP				
Engineering Contact				
Phone			7	
Fax			_]	
E-mail			_	
Preferred Comsearch Coordinator's E-mail				
Billing Information (selec	t one)			
Credit Card Type:	Visa	MasterCard	Discover/Novus	American Express
Account Nun	nber			Expiration Date
Purchase Order #				
Other (please explain)				
	-		quote for this requ	

COMSEARCH MICROWAVE FREQUENCY COORDINATION REQUEST - PAGE 1 OF 3 (Form continued on next page)



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Path Information		
Band * Coordinate Datum * Operation Mode * Number of Frequencies Requested *	NAD83 NAD27 Other Simplex Duplex	OFS BAS
Site Information	Site 1	Site 2
Site Name * State * Call Sign Latitude * Longitude * Ground Elevation (AMSL) * ASR Number * Structure Height *	//////////////////////////////////////	DDD MM SS.S Dir N W m ft
Antenna Information	Site 1	Site 2
Manufacturer * Model * Centerline (AGL) *	m ft	m ft



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Radio Information	Site 1	Site 2	
Manufacturer * Model * Emission Channel Loading Nominal Power (ATPC only) (dBm) Coordinated Power (dBm) Maximum Power (ATPC only) (dBm)			
Losses	Site 1	Site 2	
Transmit Only (dB) Receive Only (dB) Commom (dB)			
Additional Comments			