



**The Colorado Council of Amateur Radio Clubs**  
 Providing Frequency Coordination Services Throughout the State of Colorado

CCARC Use  
 CNUM: \_\_\_\_\_

## Repeater System Evaluation (RSE) – Request for Frequency Coordination

**Frequency Information:** (Feel free to suggest a frequency pair to the coordinator, otherwise leave blank.)

Input Frequency: \_\_\_\_\_ Output Frequency: \_\_\_\_\_  
 Repeater Callsign: \_\_\_\_\_ This RSE is for a:  Repeater **or**  Auxiliary (Link)

**Contact Information:**

**Holder of Record (The “owner of the coordination”):**  
*This is the individual or club that holds the coordination, and is authorized to make future changes.*

Name: \_\_\_\_\_  
 Call: \_\_\_\_\_  
 Addr1: \_\_\_\_\_  
 Addr2: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Phone (alt): \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Trustee: (if different than Holder of Record):**  
*This is the person that holds the FCC issues callsign used on the repeater or link.*

Name: \_\_\_\_\_  
 Call: \_\_\_\_\_  
 Addr 1: \_\_\_\_\_  
 Addr2: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Phone (Alt): \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Who will answer CCARC correspondence?  Holder of Record **or**  Trustee

**Location Information:**

Please provide a map of sufficient scale, or a clear photocopy, clearly indicating the location of the repeater.

City / Town: \_\_\_\_\_ County: \_\_\_\_\_  
 Service Area of Repeater: \_\_\_\_\_  
 Exact Location of Repeater: \_\_\_\_\_

**Please describe the exact location of the repeater or link, allowing the coordinator to pinpoint the location on a map.**

Transmitter Location: \_\_\_\_\_ Receiver Location: (only if different from transmitter) \_\_\_\_\_  
 Latitude: \_\_\_\_\_ deg \_\_\_\_\_ min \_\_\_\_\_ sec Latitude: \_\_\_\_\_ deg \_\_\_\_\_ min \_\_\_\_\_ sec  
 Longitude: \_\_\_\_\_ deg \_\_\_\_\_ min \_\_\_\_\_ sec Longitude: \_\_\_\_\_ deg \_\_\_\_\_ min \_\_\_\_\_ sec

**Please provide the latitude and longitude to the nearest second (or greater) in “Degrees: Minutes: Seconds” format.**

Note: Please provide all requested information. Incomplete forms will be returned.

Please return completed forms to:

The Colorado Council of Amateur Radio Clubs, Attn: Jeff Carrier, 910 Mulberry Street, Cañon City, CO 81212

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**Mode:**     FM             ATV             Digital @ \_\_\_\_\_ bps             Other: \_\_\_\_\_  
**Access:**     Carrier \*     Tone (CTCSS) - \_\_\_\_\_ Hz tone "t"     Digital Tone - \_\_\_\_\_ code "ds"  
                   Digital protocol: \_\_\_\_\_     DTMF - \_\_\_\_\_ code     Other - \_\_\_\_\_

\* Note: Carrier access repeaters will be assigned an optional CTCSS tone that can be used to eliminate unwanted keyups from co-channel users.

Publish access information in the ARRL Repeater Directory and CCARC Maps?     Yes             No

This repeater or link is:     Open            or             Closed "c"

**Other:**     Open Autopatch "a"             Closed Autopatch "ca"             Wide Area Coverage "W"  
                   Linked or Crossband "L"             Remote Base System "RB"  
                   Emergency Power "e"             Wind Power "e-wind"             Solar Power "e-sun"  
                   ARES Affiliated "S"             RACES Affiliated "R"             Skywarn Affiliated "Wx"

*Note: The ARRL code is listed in quotes following each item if used in the Repeater Directory.*

**Repeater Information:**

Transmit Output Power: \_\_\_\_\_            Effective Radiated Power (ERP): \_\_\_\_\_

**Antenna Information:**             Omni-directional            or             Directional

Gain \_\_\_\_\_ dBd            Model: \_\_\_\_\_

If Directional Antenna - Please describe pattern: \_\_\_\_\_  
\_\_\_\_\_

**Site Information:**

Site – Ground elevation Above Mean Sea Level (AMSL): \_\_\_\_\_ feet

Antenna – Height Above Ground Level (HAGL): \_\_\_\_\_ feet

Antenna – Height Above Average Terrain (HAAT): \_\_\_\_\_ feet

Place any notes to the Frequency Coordinator here: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is accurate and complete to the best of my knowledge, that I have read the Frequency Coordination Policy Guidelines of the CCARC, as well as Part 97 of the FCC rules pertaining to repeater and auxiliary operation.

Name (Printed): \_\_\_\_\_            Signature: \_\_\_\_\_

Callsign (Printed): \_\_\_\_\_            Date \_\_\_\_\_

**Please return completed forms to:**

**Colorado Council of Amateur Radio Clubs, Inc, Attn: Jeff Carrier, K0JSC, 910 Mulberry St, Cañon City, CO 81212**