

**Florida Repeater Council
Repeater Coordination Renewal**

Submit this form to notify the FRC that your repeater is active and operating in compliance with its current coordination.

Fields marked with an asterisk are REQUIRED. E-mail addresses are kept confidential. Applications that are submitted with erroneous, conflicting or missing information will be returned to the applicant unprocessed. The applicant may re-submit the application but the original date of submission will not be honored.

Please do NOT use all UPPERCASE characters! All uppercase means Shouting!

By entering my name and date in the boxes below, I CERTIFY that the information provided below is complete and accurate, and that the repeater is ACTIVE (IN SERVICE) and operating as coordinated.

*Repeater callsign: _____

*Output frequency (MHz): _____
(the repeater TRANSMITS on this frequency to the user)

*Repeater city: _____

*Licensee's full name: _____

*Licensee's Call Sign: _____

(Supply the name and callsign of the TRUSTEE not the SPONSOR (or club))

*E-mail address: _____