

TABLE MOUNTAIN FREQUENCY COORDINATION REQUEST FORM

Form must be filled out *completely* to be considered for review.

REQUESTING ORGANIZATION:

EMAIL ADDRESS:

OPERATING AGREEMENT:

SPONSORING GOVERNMENT AGENCY:

PROJECT DESCRIPTION:

Please allow 5 days for review

START DATE:

START TIME:

END DATE:

END TIME:

LOCATION:

FREQUENCIES:

TRANSMITTER POWER:

DUTY CYCLE:

ANTENNA GAIN:

BEAM WIDTH:

MAIN BEAM DIRECTION:

POLARIZATION:

MODULATION TYPE:

SIGNAL BANDWIDTH:

LICENSING:

FCC ID, IF APPLICABLE:

For assistance with your request, please contact the Boulder Labs Frequency Manager at frequencymanager@its.blrdoc.gov or 303-497-4220.