Reciter/Booster Application Questionnaire

Thank you for considering our Reciter/Booster products for your FM coverage application. In order to help evaluate your situation and provide you with a budgetary estimate, please take a few minutes to provide us with some basic information. If you do not have the details for a particular item, please leave it blank but complete as many items as you possibly can.

Main Transmitting Station

Frequency: _____ MHz Transmitter Power: _____ kW

Antenna Manufacturer: _____ Antenna Model Number _____ Pattern _____

Transmission Line

Manufacturer: _____ Type Number _____

Size: _____ (in./cm.) Length _____(ft./meters)

Effective Incidental Radiated Power (EIRP): _____ kW

Location: Coordinates Longitude _____ ☐ East ☐ West

Latitude _____ ☐ North ☐ South

City _____ State/Prov. _____ Postal Code _____ Country_____

Proposed Booster Station

Location: Coordinates Longitude _____ ☐ East ☐ West

Latitude _____ ☐ North ☐ South

City _____ State/Prov. _____ Postal Code _____ Country_____

Studio Location/Mailing Address

Location: Coordinates Longitude _____ ☐ East ☐ West

Latitude _____ ☐ North ☐ South

Street Address: _____

City _____ State/Prov. _____ Postal Code _____ Country_____

Your Name: _____ Your Telephone: _____

Your Fax: _____ Your Email: _____

Please return via fax to (+1) 408-432-9218 or email to info@TFTInc.com.

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