

## TELEWAVE System Engineering Request

Company Name:		Request Date:	
Company Website:		Referred to us by:	
Contact Name:		Quote Require Date:	
Contact Phone:		Expect Order Date:	
Contact Email:			
End User / Project:			

*Describe or draw the Requested System on page two (attach supporting drawings or docs if needed)*

	Check if Yes		
System to be Expanded?	Y [ ]	<i>Indicate known expansion frequencies in the freq. table below</i>	
Trunked System?	Y [ ]	Trunk System Type:	
Digital Modulation?	Y [ ]	Modulation Type:	
Radio Type Transceiver?	Y [ ]		
TX PWR Monitor Needed?	Y [ ]	<i>Describe requirements on page two</i>	
TX Power Alarm Needed?	Y [ ]	<i>Describe requirements on page two</i>	
RX Preamplifier Needed?	Y [ ]	Power (12/24/48vdc - 115/220vac):	
		Desired Pre-Amp type / gain / NF:	
Antenna/s Needed?	Y [ ]	<i>Describe requirements on page two</i>	
Antenna Duplexed?	Y [ ]		
Rack/s – Cabinet needed?	Y [ ]	Open/Enclosed:	Height Inch:

*Rack space required for some horizontally mounted VHF/UHF cavities is 30" to the back, 6" to the front. Cavities for frequencies below 108 MHz must be mounted vertically inside a rack or mounted externally.*

*Default Rack width for horizontal mount 10 inch cavities is now 19 inches. The 24 inch rack is obsolete.*

<b>System Frequencies</b> (indicate frequencies that are alternates, optional or are for possible expansion)					
#	Use / Name/ Description / Etc.	Duty Cycle %	TX (Watts)	TX Freq.(MHz)	RX Freq.(MHz)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

## *TELEWAVE* System Engineering Request

Describe or draw any additional information that would help us to design your project, such as:

- Any existing/needed antenna configuration (type, pattern, gain, physical separation Horz/Vert)
- Any local high power TV/FM broadcast, Paging, NOAA weather, etc. transmitters (Freq & Power)