

ANSC-7004 (10-08) - Revised Instructions - D5NR

Owners of NEW Radio Facilities must be (TCO) Telecommunications Operator qualified.

GENERAL

1. This form is used to report a Radio Facility Inspection and Offer for Use.
This form is also used to report changes in the status of an authorized facility.
Radio facility inspections are valid for a period of three years.
2. TYPE OF REPORT — Check block to indicate initial, re-inspection, or change report.

SECTION I — MEMBER DATA

1. MEMBER NUMBER — Enter your seven digit Auxiliary member ID number.
2. LAST NAME — Enter your last name.
3. FIRST NAME AND INITIAL - Enter your first name and initial.
4. FACILITY IDENTIFICATION NUMBER - For re-inspections, enter the facility status & ID number.
For initial inspections leave blank for entry by the Director.
5. FAC. INSPECTION DATE — Enter month, day and year of inspection. (July 4, 2010 = 070410)
6. PREVIOUS FACILITY ID NUMBER -
Enter old ID number ONLY if this facility replaces one currently authorized.
7. PERCENT OF OWNERSHIP — Indicate your percent of ownership.
If less than 100% (i.e., multiple ownership), then submit the information required for Multiple Ownership (See sample in Appendix D in Operations Manual) with CG-2736A.
8. DESCRIPTION OF STATION LOCATION — Indicate type of property where the station is housed (i.e., truck, car, house, marina, yacht club, trailer, etc.) If transportable, enter "Transportable Facility."
9. STREET ADDRESS OF STATION - If not fixed, Enter the location of the facility, when it is not in use.
10. NAME/ADDRESS OF PROPERTY OWNER WHERE STATION LOCATED –
If same as above, check box; otherwise, indicate name and address.

SECTION II — RADIO FACILITY DATA

1. TYPE STATION — Check appropriate box. (Check only one box.)
2. TRANSMITTER/TRANSCEIVERS - Enter make, model and output power of equipment used.
ADDITIONAL EQUIPMENT (scanners, etc., especially in LAND MOBILES) may be entered in this area.
3. GOVERNMENT FREQUENCIES AVAILABLE — Check those available. If not listed, enter in blank space.
For VHF-FM marine transceivers with all channels, check "ALL 156-158 MHz."
4. EMERGENCY POWER AVAILABLE — Required for ALL Facilities
Describe emergency power (e.g., generator -300 watt, 1 kw, 5 kw; battery; etc.)

5. RADIO DIRECTION FINDING DATA - CONTACT DSO-CM.

6. ANTENNA INFORMATION - Complete for ALL Facilities.
Enter antenna make (Antenna Specialists, Shakespeare, etc.) and model # or generic type (dipole, yagi, etc.).
Enter the rated gain in decibels relative to an isotropic antenna (dBi) and
Enter the frequency range of the antenna in MHz (2-30 MHz, 156-158 MHz, etc.).

Complete for Fixed-Land Facilities only. - Enter two heights in meters (3.28 ft = 1 meter)
First - Above ground level, which includes all supporting structures like buildings, masts, etc.; and
Second - Above sea level, which is the first height plus the height of local area above sea level.

7. ENTER LATITUDE AND LONGITUDE - for ALL Facilities. (Use degrees, minutes, and tenths)
8. AUXILIARY RADIO FACILITY CALL SIGN - Enter assigned Auxiliary call sign. For new facility leave blank.
9. FACILITY AVAILABILITY - Check applicable box to indicate Anytime (All), Weeknights or Weekends.

SECTION III — INSPECTOR'S ENDORSEMENT AND RADIO FACILITY CHECK

1. INSPECTOR'S Report - Inspector must perform the inspection and report the results (check boxes).
Radio Log, Antenna System, Perform an Operational test with a distant facility (greater than 5 miles), and only for RDF facilities, perform an RDF-Calibration test.
INSPECTOR enters: INSPECTION DATE, Inspector's member-ID and District/Division/Flotilla number, prints Full name and CM-Office-Unit, then signs and dates the form.

SECTION IV — OWNER'S MAILING ADDRESS, STATEMENT, OFFER FOR USE & UNIT

1. Enter Owner's mailing address.
Owner must sign and date the form to indicate information is correct, the facility is offered for use, it will be operated per current directives and will notify the DSO-CM and DIRAUX of any changes. (The primary changes that must be reported are changes in frequencies available, antenna height, station location, or call sign.)
Enter District/Division/Flotilla with which the facility is associated.

SECTION V— ACCEPTANCE BY DIRECTOR – (LEAVE BLANK)

This section will be completed by the DIRAUX.

Mail the original and (1) copy to
ADSO-CM-Facilities _ 28324 HARMONY CEMETERY ROAD _ MILLSBORO DE 19966

Distribute (1) copy each to the Facility Owner, Radio Inspector and SO-CM.