



**KINTRONIC LABS**

*P.O. BOX 845 BRISTOL, TN 37621-0845 Email: [ktl@kintronic.com](mailto:ktl@kintronic.com)  
1-423-878-3141 FAX: 1-423-878-4224*

**FACSIMILE TRANSMITTAL SHEET**

**TO:** \_\_\_\_\_

**COMPANY/STATION:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NUMBER OF PAGES INCLUDING THIS ONE:** \_\_\_\_\_

**MEMO:**

# KINTRONIC LABORATORIES INCORPORATED

## PHASOR SPECIFICATION SHEET

DATE: \_\_\_\_\_

1. CUSTOMER-CALL LETTERS: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
 CITY/ STATE/ ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

2. INFORMATION PROVIDED BY CUSTOMER REPRESENTATIVE:  
 NAME \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_

3. CONSULTING ENGINEER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
 CITY/ STATE/ ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

4. STATUS OF FCC APPLICATION:  
 CP GRANTED: \_\_\_\_\_ APP FILED: \_\_\_\_\_ DATE: \_\_\_\_\_

5. PHASOR TO BE DESIGNED BY: \_\_\_\_\_ KINTRONIC LABORATORIES  
 \_\_\_\_\_ CONSULTING ENGINEER / OTHER

6. QUOTATION REQUIRED IS FOR: \_\_\_\_\_ FIRM PRICING  
 \_\_\_\_\_ BUDGETARY PRICING

7. MODE CAPABILITY OF PHASOR SYSTEM: OPERATING FREQUENCY: \_\_\_\_\_ KHz

<u>PATTERN</u>	<u>No. OF TOWERS</u>	<u>POWER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. ADDITIONAL NOTES FOR PATTERN/ POWER IDENTITY OF SYSTEM: \_\_\_\_\_

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9. DESCRIPTION OF ARRAY: \_\_\_\_\_ NONDIRECTIONAL TOWER(S) ARE TOWER # \_\_\_\_\_

TOWER	HEIGHT	GUYED/ SS	SPACING	ORIENTATION	NONDIRECTIONAL TOWER(S) ARE TOWER # _____			
					DA-1 FIELD	DA-1 PHASE	DA-2 FIELD	DA-2 PHASE
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____	_____

10. LINE LENGTHS AND COAX TYPE / SIZE:

TOWER	IMPEDANCE	MAKE/ TYPE/ SIZE	LENGTH
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____



**PHASOR SPECIFICATION SHEET**

14. MECHANICAL REQUIREMENTS: ANTENNA TUNING UNITS (ATU)

A. CABINET CONSTRUCTION: INDOOR \_\_\_\_\_ OUTDOOR \_\_\_\_\_ OPEN PANEL \_\_\_\_\_  
 LIST BELOW ANY DETAILS FOR SIZE LIMITATIONS AND OTHER REQUIREMENTS:

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B. COAX LINE ENTRANCE LOCATION AND CONNECTOR TYPE:

<u>TOWER No.</u>	<u>LOCATION</u>	<u>CABLE</u>	<u>TERMINATION</u>
<u>INPUTS</u>	<u>TOP / BOTTOM / LEFT / RIGHT</u>	<u>SIZE</u>	<u>TYPE *</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: \* Termination Types: Cable Clamp, EIA Flange, End Terminal

<u>TOWER No.</u>	<u>LOCATION</u>	<u>TERMINATION TYPE *</u>
<u>OUTPUTS</u>	<u>TOP / BOTTOM / LEFT / RIGHT</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: \* Termination Types: Bowl Insulator, Tubing Boltdown

15. PHASOR TO BE FED BY \_\_\_\_\_ TRANSMITTER(S)