

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: _____

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:

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)