The following informatio	n is requi	ired to d	esign an o	optimum	antenna	system fo	or you:	
Company information:								
Company name:								
Contact person:								
Address:								
Phone:							-	
Fax:								
E-mail:								
Station information:								
Station name:								
Coordinates:								
Station height (m):	Antenna height (m):							
Project information:								
Polarization: Horizontal		Vertical	SI	ant	Circular		Elliptical	
Frequency (MHz) or channels:								
Transmitter power (kW):								
Min. power rating for system (kW):	Analog				Digital			
Antenna gain:	Number of bays:			ERP:				
Combiner: Yes No	Direct Acce		Yes □ No		Patch pane	el:	Yes □ No	
Half antenna mode No □			Full power			Feeder 2 Feeders		
Horizontal Radiation Pattern:			•					
	280							
Vertical Radiation Pattern:								
Beam tilt (in degrees):								
Null-fill (in %): Tower / Mast:								
	Dound		Dina mast					
Square Triangular Azimuth direction of tower face:	Round		Pipe mast					
	-							
Side length or diameter:	-							
Vertical antenna aperture:								
Feeder cable:								
Air ☐ Foam			Constant					
Size:			Connector		Voc 🗆 N			
Length (m):			Dehydrato	Ι.	Yes □ No			
Remarks: e.g. special climatic conditions								