

DR-2XE Installation Support Program - Application Form

YAESU Authorized Distributor: _____

Dealer/ Shop Name: _____

Dealer/ Shop Address: _____

1. Please fill out the DR-2X repeater installation information:

DR-2XE Serial Number: _____

Name of Amateur Radio Club: _____

Repeater Site Location: _____ Location Type: Top of Hill Home Others _____)

Repeater Call Sign: _____

Number of Club Members: _____ Number of Repeater Users: _____

Repeater Frequency: TX _____ MHz / RX _____ MHz

2. Please fill out the repeater administrator/ trustee and contact information:

Name: _____ Call Sign: _____

Address: _____

Country: _____

Email Address: _____ Phone: _____

3. Please complete the questionnaire below:

Q. Which type of repeater was used before replacing the existing repeater with the new DR-2XE?

Analog DMR D-STAR DR-1X Others (_____) Please tick here if it is new installation.

Q. Is your new DR-2XE an Open repeater for public and general use or a Closed repeater for your club members only?

Open Closed _____

Q. Will you link your new DR-2XE repeater with other repeaters?

Yes (IMRS(LAN-01A) WiRES-X(HRI-200) RF Others _____) Closed

I agree that all information included in the Application Form is correct. I further agree that any incorrect information provided in this Application Form shall void any benefits of the "DR-2XE Installation Support Program."

Signature: _____

Printed Name: _____