



Fax inquiry form: Digital TV transmitters and repeaters

COMPANY INFORMATION			
Company name:			
Contact person:			
Address:			
Phone:			
Fax:			
E-mail:			
STANDARD AND BAND			
Standard:	DVB-T <input type="checkbox"/>	DVB-T2 <input type="checkbox"/>	
Band:	VHF <input type="checkbox"/>	UHF <input type="checkbox"/>	
TYPE			
Type:	Digital transmitter SKY		<input type="checkbox"/>
	Digital repeater ARX		<input type="checkbox"/>
	Digital SFN repeater HALO		<input type="checkbox"/>
Output power:			
Cooling system:	Forced air <input type="checkbox"/>	Liquid <input type="checkbox"/>	
Mains connections:	Single phase supply <input type="checkbox"/>	Three phase supply <input type="checkbox"/>	
INPUTS			
Input filter: (*for ARX/Halo)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Input channel: (*for ARX/Halo)			Frequency:
OUTPUT			
Output channel:			Frequency:
Channel bandwidth:	5MHz <input type="checkbox"/>	6MHz <input type="checkbox"/>	7MHz <input type="checkbox"/> 8MHz <input type="checkbox"/>
Output filter:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Mask:	Critical mask <input type="checkbox"/>	Non critical mask <input type="checkbox"/>	
RF output connector:			
OPTIONS			
GPS receiver with antenna:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cable for GPS antenna:	Length _____m		
Additional output 10MHz Reference and 1PPS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
GSM modem with antenna:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cable for GSM antenna:	Length _____m		
Control via IEC 864-1:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Rack:	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>	Height (HE): ____
UPS for exciter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TECHNICAL DOCUMENTATION			
Format*:	Printed Qty.: _____	CD Qty.: _____	
REMARKS			

*By default one digital and one printed version is included free of charge.