

# Fax inquiry form: Digital TV transmitters and repeaters



COMPANY INFORMATION			
Company name:			
Contact person:			
Address:			
Phone:			
Fax:			
E-mail:			
STANDARD AND BANDS			
Standard:	DVB-T <input type="checkbox"/>	DVB-T2 <input type="checkbox"/>	
Band:	VHF <input type="checkbox"/>	UHF <input type="checkbox"/>	
Type:	Digital transmitter TERX <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.

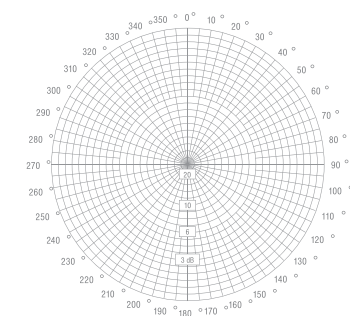
# Fax inquiry form: Analog TV transmitters and repeaters



COMPANY INFORMATION			
Company name:			
Contact person:			
Address:			
Phone:			
Fax:			
E-mail:			
OUTPUT			
Type:	Analog transmitter TERX		<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"/>
TV standard (B, G, D, H, I, K or N)	_____		
Frequency range:	VHF	<input type="checkbox"/>	UHF <input type="checkbox"/>
Audio characteristics: (* for Tx)	Mono <input type="checkbox"/>	Dual <input type="checkbox"/>	Stereo <input type="checkbox"/> Nicam <input type="checkbox"/>
OPTIONS			
Output channel:			Frequency: _____
RF output connector:			
RF output filter	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
TECHNICAL DOCUMENTATION			
Format*:	Printed Qty.: _____		CD Qty.: _____
REMARKS			

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# Fax inquiry form: Antenna system

COMPANY INFORMATION			
Company name:			
Contact person:			
Address:			
Phone:			
Fax:			
E-mail:			
STATION INFORMATION			
Standard:			
Longitude:	Latitude:	Elevation (m):	
PROJECT INFORMATION			
Polarization:	Horizontal: <input type="checkbox"/>	Vertical: <input type="checkbox"/>	Circular: <input type="checkbox"/>
Frequency of channels:			
Transmitter power (kW):			
Antenna system gain or ERP (kW):			
Split system:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Patch panel:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Power rating for split system (kW):			
Power rating for whole system (kW):			
HORIZONTAL RADIATION PATTERN			
Omnidirectional or directional (if directional specify requirements)			
			
VERTICAL RADIATION PATTERN			
Beam tilt (in degrees):			
Null fill (in % toward beam tilt power)			
TOWER			
	Square <input type="checkbox"/>	Round <input type="checkbox"/>	
	Triangular <input type="checkbox"/>	Pipe mast <input type="checkbox"/>	
Side length or diameter (m):			
Height at AS start (m):			
Vertical antenna aperture:			
Azimuth direction of tower face:			
FEEDER CABLE			
	Foam <input type="checkbox"/>	Air <input type="checkbox"/>	
Connector size:			
Length (m):	Dehydrator:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TECHNICAL DOCUMENTATION			
Format*:	Printed Qty.: _____	CD Qty.: _____	
REMARKS			

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## Fax inquiry form: Patch panels

COMPANY INFORMATION			
Company name:			
Contact person:			
Address:			
Phone:			
Fax:			
E-mail:			
Frequency range:	FM <input type="checkbox"/>	VHF <input type="checkbox"/>	UHF <input type="checkbox"/>
Type:	Ports only (type PRP) <input type="checkbox"/>	with 3dB coupler (type PRPC) <input type="checkbox"/>	
	with 2 way divider (type PRPD) <input type="checkbox"/>	with combiner (type PRPM) <input type="checkbox"/>	
INPUTS			
INPUT connectors:			
INPUT power (W):			
OUTPUTS			
OUTPUT connectors:			
OUTPUT position:	Direct <input type="checkbox"/>	Up <input type="checkbox"/>	Down <input type="checkbox"/>
U-LINK			
Number of ports:			
U-Link type:	DIN 7/16" <input type="checkbox"/>	EIA 7/8" <input type="checkbox"/>	EIA 1 5/8" <input type="checkbox"/>
	EIA 3 1/8" <input type="checkbox"/>	EIA 4 1/2" <input type="checkbox"/>	EIA 5" <input type="checkbox"/>
	EIA 6 1/8" <input type="checkbox"/>		
OPTIONS			
Measuring U-Link (N connector):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
RF probe input:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
RF probe output:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Wattmeter:	PFWD <input type="checkbox"/>	PRFL <input type="checkbox"/>	
TECHNICAL DOCUMENTATION			
Format*:	Printed Qty.: _____	CD Qty.: _____	
REMARKS			

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