APPLICATION FOR PRN CODE ASSIGNMENT

DATE

Submit by Email

TO SMC/GP
483 North Aviation Blvd.
El Segundo, CA 90245-4659
USA
Fax +1-310-653-3676
Email smc.gp.prn@us.af.mil

APPLICANT'S INFORMATION

1. FIRST NAME	2. FAMILYNAME	3. MIDDLE NAME

4. TITLE	5. ORGANIZATION

6. ADDRESS 1 CITY STATE ZIP CODE COUNTRY		7. ADDRESS 2 CITY STATE ZIP CODE COUNTRY	

8. TELEPHONE	9. FAX	10. E-MAIL

SYSTEM INFORMATION

11. SYSTEM NAME (if any)	12. SPONSORING GOVERNMENT

13. ORGANIZATION/DEPARTMENT	14. DATE OR ANTICIPATED DATE OF ITU (or other regulatory agency) FILING

15a. QUANTITY OF PRNs REQUESTED		15b. PRN CODE(S) IF YOU HAVE PREF-ERENCE; OTHERWISE INDICATE 'NONE'	

16. SATELLITE ORBIT PARAMETERS

16a. LONGITUDE, long (degrees) *GEO only*		16b. SEMI-MAJOR AXIS, SMA (meters)	
16c. ECCENTRICITY, e		16d. INCLINATION, i (degrees)	
16e. RAAN (degrees) FOR EACH SATELLITE		16f. ARGUMENT OF PERIGEE (degrees)	
16g. MEAN ANOMALY (degrees) FOR EACH SATELLITE		16h. UTC TIME OF EPOCH (MMDDYY HH:MM:SS)	

17. MAXIMUM RECEIVED ISOTROPIC POWER (dBW) ON SURFACE OF EARTH

17a. L1 C/A		17b. L1C $_P$		17c. L1C $_D$	
17d. L2 CL		17e. L2 CM		17f. L5 I5	
17g. L5 Q5					

18. RECEIVED ISOTROPIC POWER (RIP) ON SURFACE OF EARTH AS A FUNCTION OF ELEVATION ANGLE

18a. L1 C/A

Elev Angle (degrees)	-5	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
RIP(dBW)																				

18b. L1C $_P$

Elev Angle (degrees)	-5	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
RIP(dBW)																				

18c. L1C $_D$

Elev Angle (degrees)	-5	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
RIP(dBW)																				

18d. L2 CL

Elev Angle (degrees)	-5	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
RIP(dBW)																				

18e. L2 CM

Elev Angle (degrees)	-5	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
RIP(dBW)																				

18f. L5 I5

Elev Angle (degrees)	-5	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
RIP(dBW)																				

18g. L5 Q5

Elev Angle (degrees)	-5	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
RIP(dBW)																				

19. REMARKS

APPLICATION FOR PRN CDODE ASSIGNMENT (continued)

20. PRN CODE REQUEST FOR TESTING PURPOSES ONLY (use additional pages if necessary)

In special cases, PRN assignments are made on a temporary basis for a 6-month or 1-year period for testing purpose only. If the PRN request is only for testing purpose the following additional information should be provided before the PRN assignment is made.

20a. PROPOSAL/TEST DESCRIPTION

Please provide a short test description clarifying details of your operations and what you hope to accomplish from the test.

20b. POWER LEVELS AND MODE OF OPERATIONS

Effective Isotropic Radiated Power (e.i.r.p.), dBW.

20c. TRANSMIT ANTENNA GAIN PATTERN

20d. PULSED MODE

pulse duty cycle	
pulse repetition rate	

20e. INTERFERENCE ANALYSIS

Describe measures taken to avoid interference and details of interference analysis done.

21. COMMENTS/SPECIAL REQUESTS