

SHARES FORM 1

SHARES HF RADIO PROGRAM STATION DATA FORM																																
1. ACTION Add New Station <input type="checkbox"/> Delete Station <input type="checkbox"/> Update Station Data <input type="checkbox"/>	2. AGENCY 																															
4. STATION CALL SIGN 	3. STATION LOCATION <hr/> City State <hr/> ZIP Code Country <hr/> <div style="text-align: center;">STATION TELEPHONE</div> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 80%;"></td> <td style="border: none; padding-left: 5px;">Commercial</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: none; padding-left: 5px;">DSN</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: none; padding-left: 5px;">Fax</td> </tr> </table>		Commercial		DSN		Fax																									
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6. STATION FREQUENCIES <div style="text-align: right;">Primary (*)</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 30%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> </table>	1			2			3			4																						
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8. HOURS OF OPERATION <div style="text-align: right;">(Check One)</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 30%; text-align: center;">24 Hour</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">Part Time/Duty Hours</td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">On Call/Emergency</td> <td></td> </tr> </table>	1	24 Hour		2	Part Time/Duty Hours		3	On Call/Emergency		7. STATION CAPABILITIES <table style="width: 100%; border: none;"> <tr><td style="border: 1px solid black; width: 50px;"></td><td>SSB Voice</td></tr> <tr><td style="border: 1px solid black;"></td><td>RTTY</td></tr> <tr><td style="border: 1px solid black;"></td><td>CW</td></tr> <tr><td style="border: 1px solid black;"></td><td>Packet (Data)</td></tr> <tr><td style="border: 1px solid black;"></td><td>FS 1045 Adaptive (ALE)</td></tr> <tr><td style="border: 1px solid black;"></td><td>SELSCAN Adaptive</td></tr> <tr><td style="border: 1px solid black;"></td><td>SELCAL Adaptive</td></tr> <tr><td style="border: 1px solid black;"></td><td>AMTOR</td></tr> <tr><td style="border: 1px solid black;"></td><td>PACTOR</td></tr> <tr><td style="border: 1px solid black;"></td><td>CLOVER</td></tr> <tr><td style="border: 1px solid black;"></td><td>TRANSPORTABLE</td></tr> </table>		SSB Voice		RTTY		CW		Packet (Data)		FS 1045 Adaptive (ALE)		SELSCAN Adaptive		SELCAL Adaptive		AMTOR		PACTOR		CLOVER		TRANSPORTABLE
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SHARES STATION DATA FORM - INSTRUCTIONS

- 1. ACTION:** The Station Data Form is used to add a new station to the SHARES Program, to delete a station from the Program or to update data on a station in the Program. Indicate the appropriate action.
- 2. AGENCY:** Provide the full name and abbreviation for the Federal administration, agency, bureau, department, or equivalent organization with which you are most closely associated or for which you work directly (i.e. the one which is more familiar to the general public). For example, an FBI radio station would be listed as: Federal Bureau of Investigation (FBI), although it comes under the Department of Justice. The Department of the Air Force would be listed as: United States Air Force (USAF) because this is the more familiar form.
- 3. STATION LOCATION:** Provide the city, state and ZIP code where the station is located. For stations with remote radio facilities, provide the name of the radio operator's normal location, not the place where the remote transmitter and **antenna** are located. For overseas stations, provide the country name. List the appropriate telephone numbers where the station radio operator may be most readily contacted. For overseas stations, include the country code.
- 4. STATION CALL SIGN:** Provide the official call sign assigned to the station.
- 5. STATION ADAPTIVE ADDRESS CODE:** Provide the official address code used in the adaptive mode of operation.
- 6. STATION FREQUENCIES:** Provide up to four (4) HF radio frequencies in kilohertz that will be used for SHARES. Where possible, identify frequencies most commonly used by the station. The frequencies listed in the SHARES Directory (NCSH 3-3-1) are the frequencies that are to be "dialed" into the tuning "window" of the radio. For Upper Sideband (USB) mode of operation, the "window" frequency is higher than the carrier by one-half of the bandwidth. Frequencies listed are understood to be USB unless specifically identified as Lower Sideband (LSB). If desired, one frequency may be identified as a "primary" frequency by a (*) behind the frequency.
- 7. STATION CAPABILITIES:** Mark YES for each mode of operation currently available for SHARES use.
- 8. STATION HOURS OF OPERATION:**
 - 1 - 24 HOUR: Mark YES if the station normally operates 24 hours-per-day, seven days-a-week.
 - 2 - Part Tune: Mark YES if the station operates on a regularly scheduled but less than 24-hour basis. The time of scheduled operations need not be identified.
 - 3 - On Call/Emergency: Mark YES if the station is activated only on an as-needed or emergency basis.
- 9. STATION POINT OF CONTACT:** Provide the name and complete mailing address of the principal point of contact for the station. This address, which may be different from the station's location, will be used to distribute SHARES information of significance importance to each station, such as Directory changes.
- 10. COMMENTS:** Provide any operational or equipment peculiarities or limitations which may affect the station's capability, or any other condition of which the SHARES Project Office should be aware.
- 11. SUBMITTING OFFICIAL:** Provide the name and telephone number of the person providing the data. In most cases, this should be the person who prepares the data form and can answer questions about the data provided. Include the date the form is prepared.