

Please fill out each section of this questionnaire

Date: \_\_\_\_\_

PROJECT TEAM LEADER: _____			
Regional Sales Manager: _____			
Manufacturer Representative: _____			
Company Name: _____			
Account #: _____			
Contact person: _____			
Phone number: _____			
Fax number: _____			
E-mail address: _____			
Address: _____			
street address	city	state	postal code

Project name (If applicable): _____		
Quotation due date: _____		
Who is the competition? _____		
Is this a budgetary quote: Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is this a bid: Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please supply a copy of the bid request.		
Estimated date of purchase: ____ / ____ / ____		
Pricing requested: Retail <input type="checkbox"/>	Dealer <input type="checkbox"/>	Government <input type="checkbox"/>
Is this a: New System <input type="checkbox"/>	Existing System <input type="checkbox"/>	
Is this for resale: Yes <input type="checkbox"/>	No <input type="checkbox"/>	

1. Number of sites in the system: \_\_\_\_\_

2. System type:

- Conventional Analog (Repeater or base station)
- Conventional P25 (Repeater or base station)
- IDAS™ (Conventional 6.25, repeater or base station)
- Voting (Please choose an option)       Analog       IDAS™       P25
- Paging (Please choose an option)       Tone & Voice       2 Level FSK
  
- Trunking (Please choose an option)
  - IDAS™       LTR™
  - PassPort®       MPT 1327
- Multi-Site
  - Conventional       Trunking
- Industry Type
  - B&I       Public Safety

3. Number of channels in each site: 1. \_\_\_ 2. \_\_\_ 3. \_\_\_ 4. \_\_\_ 5. \_\_\_ 6. \_\_\_ 7. \_\_\_ 8. \_\_\_  
 9. \_\_\_ 10. \_\_\_ 11. \_\_\_ 12. \_\_\_ 13. \_\_\_ 14. \_\_\_ 15. \_\_\_ 16. \_\_\_
4. Quantity & model radios for quote:  
 Mobile model # \_\_\_\_\_ Qty: \_\_\_\_\_  
 Portable model # \_\_\_\_\_ Qty: \_\_\_\_\_
5. IP application: Yes  No
6. If this is an IP Application does your facility have the technical staff to support the following:  
 Basic IP Networking (subnet theory, addresses, netmasks, etc.)  
 Site to Site IPSEC tunnels  
 IPSEC VPN client to server (PPTP or IPSEC)  
 VPN pass through to support #1 & #2 on ISP connectivity devices (e.g. modems)  
 OPTIONAL: Dynamic DNS setup
7. Router required: Yes  No
8. Bandwidth: \_\_\_\_\_ (wide, narrow - 25 khz, 12.5 khz, 6.25 khz)
9. RF output power from the repeaters / base \_\_\_\_\_ (watts)
10. Licensed output / ERP \_\_\_\_\_ (watts)
11. Frequency band \_\_\_\_\_ (low band, VHF, UHF, 800, 900)
12. Duplexer (single repeater operation, single antenna) Yes  No
13. TX Combiner (multi-bases or repeaters using one TX antenna) Yes  No
14. RX Multi-Coupler Yes  No
15. Antenna Switch (base station using one antenna for RX and TX) Yes  No
16. Receive Pre-Selector (high noise site environment) Yes  No
17. Telco Interconnect (subscriber unit telephone interconnect) Yes  No
18. Remote Control (remote control of repeater/ base station) Yes  No   
 VOIP  Tone  DC

19. Generator on site Yes  No

20. AC Powered  DC Powered   
If AC required, is battery back up required? Yes  No   
Duration of battery backup required (hours) \_\_\_\_\_

21. AC power available? \_\_\_\_\_ (110 or 220 VAC)

22. AC current capacity available? \_\_\_\_\_ (Amps)

23. DC back up required (Aux DC capabilities — when AC is lost) Yes  No

24. DC application only Yes  No

25. DC voltage available at site \_\_\_\_\_ (Volts)  
Positive Ground  Negative Ground

26. DC current capacity available on-site \_\_\_\_\_ (Amps)

27. AC Surge Protection Yes  No

28. Rack (open 19") needed – Please specify:  
28"  42"  63"  70"  Other

29. Cabinet needed – Please specify:  
30"  46"  60"

30. Lightening protection Yes  No

31. Antenna required: Yes  No   
(Please provide additional information under question #33, this is the note section.)

31. On site systems installation/optimization Yes  No

32. List frequencies and CTCSS-DCS-NAC-RAN if available: (add additional sites up to 16)

**SITE 1:**

	TX	Code	RX	Code
Ch. 1				
Ch. 2				
Ch. 3				
Ch. 4				
Ch. 5				

Ch. 6				
Ch. 7				
Ch. 8				
Ch. 9				
Ch. 10				
Ch. 11				
Ch. 12				
Ch. 13				
Ch. 14				
Ch. 15				
Ch. 16				
Ch. 17				
Ch. 18				
Ch. 19				
Ch. 20				
Ch. 21				
Ch. 22				
Ch. 23				
Ch. 24				
Ch. 25				
Ch. 26				
Ch. 27				
Ch. 28				
Ch. 29				
Ch. 30				

**SITE 2:**

	TX	Code	RX	Code
Ch. 1				
Ch. 2				
Ch. 3				
Ch. 4				
Ch. 5				
Ch. 6				
Ch. 7				
Ch. 8				
Ch. 9				
Ch. 10				
Ch. 11				
Ch. 12				
Ch. 13				
Ch. 14				
Ch. 15				
Ch. 16				
Ch. 17				
Ch. 18				
Ch. 19				
Ch. 20				
Ch. 21				
Ch. 22				

Ch. 23				
Ch. 24				
Ch. 25				
Ch. 26				
Ch. 27				
Ch. 28				
Ch. 29				
Ch. 30				

**SITE 3:**

	TX	Code	RX	Code
Ch. 1				
Ch. 2				
Ch. 3				
Ch. 4				
Ch. 5				
Ch. 6				
Ch. 7				
Ch. 8				
Ch. 9				
Ch. 10				
Ch. 11				
Ch. 12				
Ch. 13				
Ch. 14				
Ch. 15				
Ch. 16				
Ch. 17				
Ch. 18				
Ch. 19				
Ch. 20				
Ch. 21				
Ch. 22				
Ch. 23				
Ch. 24				
Ch. 25				
Ch. 26				
Ch. 27				
Ch. 28				
Ch. 29				
Ch. 30				

**SITE 4:**

	TX	Code	RX	Code
Ch. 1				
Ch. 2				
Ch. 3				
Ch. 4				
Ch. 5				

Ch. 6				
Ch. 7				
Ch. 8				
Ch. 9				
Ch. 10				
Ch. 11				
Ch. 12				
Ch. 13				
Ch. 14				
Ch. 15				
Ch. 16				
Ch. 17				
Ch. 18				
Ch. 19				
Ch. 20				
Ch. 21				
Ch. 22				
Ch. 23				
Ch. 24				
Ch. 25				
Ch. 26				
Ch. 27				
Ch. 28				
Ch. 29				
Ch. 30				

33. Special-unique customer’s requirements-requests (Note any requirements, configurations or parts necessary to assist us in your system design. IAS can configure and design your system utilizing the specific controllers, panels, desk sets, RF combining equipment, transmission line and interfaces you prefer. IAS also provides console systems custom configured for your application.)

**This form is to be completed with your Icom Manufacturers Representative and or Regional Sales Manager. Once completed please e-mail or fax to the before mentioned parties. If you do not have this contact information please contact IAS at [ias@icomamerica.com](mailto:ias@icomamerica.com) and this can be provided.**

SYSTEMS FOR PEOPLE WHO MAKE SMART CHOICES

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