



Radiofrequency Safety International Corporation

# RF EMISSIONS MPE EVALUATION QUESTIONNAIRE

Name of Licensee	Renewal (Y/N)	Today's Date		
Call Sign	Class of Station			
Antenna Location (Lat., Long. Or UTM)				
Mailing Address	city	state	zip	
Phone No. ( )	Fax No. ( )	email		

**REQUIRED DATA**

**Station Transmit Frequency** (MHz): \_\_\_\_\_

**Transmitter RF Output** (Watts): \_\_\_\_\_

**Manufacturer's Antenna Gain** (dB): \_\_\_\_\_

**Total Line Loss from All Components** (dB): \_\_\_\_\_

**Or TX Line Length and Type** \_\_\_\_\_

**OTHER DATA**

Type of antenna feed line: \_\_\_\_\_  
(coax, hardline, open wire, direct end feed, waveguide)

Type of antenna: \_\_\_\_\_  
(dipole, vertical, Yagi, parabolic dish, panel)

Are there multiple antennas at this site? Yes No \_\_\_\_\_

For panel or directional antennas, what is the vertical beam width in degrees\*? \_\_\_\_\_

Is antenna roof or tower mounted? Roof\_\_\_\_ Tower\_\_\_\_

Height of antenna above ground or roof level: \_\_\_\_\_  
Ground\_\_\_\_ Roof\_\_\_\_

**NOTE: Italicized/bold data fields are absolutely necessary for a complete MPE evaluation**





*\* See Manufacturer's Polar Charts for Information*

Send completed evaluation form to:

RSI  
 C/O MPE Manager  
 1310 Main Street  
 Kiowa, KS 67070  
 Phone 888-830-5648  
 Fax 866-825-4324 (Toll Free)  
 Email: [mpe@rfcomply.com](mailto:mpe@rfcomply.com)

**Payment Options**

Check       Money Order

               Cards       

\_\_\_\_\_

Card No.

\_\_\_\_\_

Cardholder Name

\_\_\_\_\_

Exp. Date      Signature