

## *Coverage Enhancement System Definition Questionnaire*

### **Dear Representative/Customer**

Below you will find a questionnaire to help us understand your needs which will enable us to suggest the best economical/technical solution.

Please complete as much information as possible and send it to us.

### **HELP US TO HELP YOU !**

1. Frequencies used: UPLINK (from Handheld to Base) \_\_\_\_\_ DOWNLINK (from Base to Handheld) \_\_\_\_\_, and modulation used (CDMA, GSM, etc.)
2. Application: (check one) INDOOR \_\_\_\_\_, OUTDOOR \_\_\_\_\_.
3. Signal Strength at Donor Antenna \_\_\_\_\_ dBm.
4. Donor Antenna Gain you are planning to use \_\_\_\_\_.

### **INDOOR APPLICATIONS**

5. Please provide as much information as possible. If available, send a blueprint of the floor layout including its dimensions and complete as many of the following blanks pertaining to the premises to be covered. This will allow us to recommend the best technical solution.  
*(Complete coverage system design, with cable runs and location of all antennas, priced separately).*
  - a) Area Measurement (square feet) \_\_\_\_\_ . Number of floors \_\_\_\_\_.
  - b) Preferred location of the BDA. \_\_\_\_\_
  - c) List of materials used (walls, beams, other interfering to RF signals...) \_\_\_\_\_
  - d) Preferred location of internal antennas. \_\_\_\_\_
6. What type of Distribution Antenna System is used ( Radiating cable?, Coax + antennas, Fiber + Coax + antennas) \_\_\_\_\_
7. Type of Cables to be used. \_\_\_\_\_
8. Preferred enclosure for the BDA: Wall Mount \_\_\_\_\_, 19" Rack \_\_\_\_\_, NEMA 4 (for outdoor/indoor) \_\_\_\_\_.
9. Any specific requests (for Example: Special Filtration for any interference, Gain requirements, Power, Automatic Gain Control, Monitoring, Backup Battery ...)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OUTDOOR APPLICATIONS

Please send us a map of the area, including a short description of your requirement, and complete as many as possible of the following blanks....

10. Distance to Base Station \_\_\_\_\_ & Signal Strength at Donor Antenna - \_\_\_\_ dBm.
11. Path to Base Station Clear \_\_\_\_ Not Clear (no line of sight) \_\_\_\_\_  
(please explain).
12. Tower that the BDA will be mounted is \_\_\_\_\_ ft tall.
13. What kind of Service antenna are you planning to use \_\_\_\_\_ (type, dBi).
14. Area to be covered \_\_\_\_\_.

We are proud to support you and to deliver the best Band selective BDAs in the Market.

NOTE: As soon as this form is received, we will recommend a cost-effective solution. Since we cannot verify the accuracy of the information submitted it is the CUSTOMER'S responsibility.

Our systems are - **" Non-Cancelable and Non-Returnable."** Please refer to *G-Way Microwave/ G-Wave, Inc. Standard Terms of Sale.*

Thanks for your support



Adrian Kofler  
Director of Marketing and Sales

**Disclaimer:** *When choosing a system, the liability of G-Way Microwave/ G-Wave, Inc., is limited to the accuracy of the information provided by customer and/or sales representative. G-Way Microwave /G-Wave, Inc., Terms of Sale apply to any order received unless otherwise agreed to at time of order placement. Prior to order placement, G-Way Microwave/G-Wave, Inc. shall submit a spec for customer's review and final approval; standard liability will be limited to meeting the said spec at time of shipment per standard terms of sale.*

38 Leuning Street ■ South Hackensack, NJ 07606 ■ Tel (201) 343-6388 ■ Tel: (201) 343-3140 ■ Fax: (201) 343-6390

[www.gwaymicrowave.com](http://www.gwaymicrowave.com) / [www.gwaverf.com](http://www.gwaverf.com)

