

NTIA Interference Report Form

Please complete the form with the best available data. Indicate if data is not available with n/a.
When completed click on the "Submit Form" button below to send the form to NTIA.

Required Field*:

| | |
|---|--|
| 1. DATE*: <input style="width: 90%;" type="text"/> | 2. IS NTIA ASSISTANCE REQUIRED*: <input style="width: 90%;" type="text"/> |
| 3. CASE STATUS: <input style="width: 90%;" type="text"/> | 4. TYPE OF INTERFERENCE: <input style="width: 90%;" type="text"/> |
| 5. AGENCY CONTACT INFORMATION | 6. INTERFERENCE SOURCE CONTACT INFORMATION |
| Name (Last, First)*: <input style="width: 95%;" type="text"/> | Name (Last, First): <input style="width: 95%;" type="text"/> |
| Agency*: <input style="width: 95%;" type="text"/> | Agency: <input style="width: 95%;" type="text"/> |
| Address*: <input style="width: 95%;" type="text"/> | Address: <input style="width: 95%;" type="text"/> |
| City*: <input style="width: 45%;" type="text"/> State*: <input style="width: 45%;" type="text"/> | City: <input style="width: 45%;" type="text"/> State: <input style="width: 45%;" type="text"/> |
| Phone*: <input style="width: 45%;" type="text"/> Zip Code*: <input style="width: 45%;" type="text"/> | Phone: <input style="width: 45%;" type="text"/> Zip Code: <input style="width: 45%;" type="text"/> |
| Email*: <input style="width: 95%;" type="text"/> | Email: <input style="width: 95%;" type="text"/> |
| 7. STATION AFFECTED BY INTERFERENCE | 8. STATION CAUSING INTERFERENCE |
| GMF S/N: <input style="width: 95%;" type="text"/> | GMF S/N or Call Sign: <input style="width: 95%;" type="text"/> |
| System Name: <input style="width: 95%;" type="text"/> | System Name: <input style="width: 95%;" type="text"/> |
| Frequency Range: <input style="width: 95%;" type="text"/> | Address: <input style="width: 95%;" type="text"/> |
| Address: <input style="width: 95%;" type="text"/> | City: <input style="width: 45%;" type="text"/> State: <input style="width: 45%;" type="text"/> |
| City: <input style="width: 45%;" type="text"/> State: <input style="width: 45%;" type="text"/> | Zip Code: <input style="width: 45%;" type="text"/> |
| Zip Code: <input style="width: 45%;" type="text"/> | Latitude/Longitude: <input style="width: 95%;" type="text"/> |
| Other (e.g. Latitude/Longitude or address where you receive interference that is not co-located with the address above): <input style="width: 95%;" type="text"/> | Other (e.g. Antenna Structure Registration No): <input style="width: 95%;" type="text"/> |
| 9. DESCRIPTION OF INTERFERENCE | |
| a. Describe Interference <input style="width: 95%;" type="text"/> | |
| b. Date Interference Started <input style="width: 95%;" type="text"/> | f. Time Of Day Interference Is Most Disruptive <input style="width: 95%;" type="text"/> |
| c. Is Interference Harmful To Safety Of Life <input style="width: 95%;" type="text"/> | g. Number Of Affected Users <input style="width: 95%;" type="text"/> |
| d. Severity Of Interference <input style="width: 95%;" type="text"/> | h. Incident Rate <input style="width: 95%;" type="text"/> |
| e. Duration Of An Interference Incident <input style="width: 95%;" type="text"/> | i. Duration Of Overall Interference Problem <input style="width: 95%;" type="text"/> |
| j. Describe Any Mitigation Action Taken <input style="width: 95%;" type="text"/> | |
| 10. SUPPLEMENTAL DATA <i>(Files can be attached to the email to NTIA after the Submit Form button below is activated)</i> | |
| a. Attachment(s) of recording (e.g. spectrum analyzer screenshots, sound files, directional finding plot): <input style="width: 95%;" type="text"/> | |
| b. Attachment(s) of equipment specifications (e.g. model #, data sheets, SPS #): <input style="width: 95%;" type="text"/> | |
| c. Recent changes to equipment: <input style="width: 95%;" type="text"/> | |
| d. Other: <input style="width: 95%;" type="text"/> | |

Reset Form

Submit Form

Save Form

Print Form