

System Fusion Repeater Installation Program - Apr 2024 thru Sep 2024

This program allows for the purchase of an analog/digital (Yaesu System Fusion) repeater for a discounted price. The program is based upon the following requirements:

- **Agree to not resell, sell, or trade any hardware for at least 1 year.**
- **Place the repeater on the air operating in the area listed on your application.**
- **Repeater must be on the air for a total of 12 months (1 year) in total length.**
- **Warranty is non-transferable and applies to purchaser only (signature) of the form.**

All emailed applications should be sent to: dr2xprogram@yaesu.com

If you fail to agree with the requirements or have failed/not met the requirements with past program purchases, your participation in the program may not be granted.

Pricing / Term and Conditions

- This program is valid from **April 6th, 2024 - September 30th, 2024**. Pricing and Terms are subject to change.
- This program is open to clubs, groups, organizations, or individuals located within North America **ONLY**.
- Please **only submit one form per repeater purchase** (E-mail, Fax, or Postal Mail are accepted. Preferred delivery method is via email). *****DO NOT SEND MULTIPLE COPIES OF THE SAME APPLICATION*****
- You may purchase as many repeaters as you would like through this program. However, each repeater must adhere to the program requirements as listed above.
- Please provide the requested information on the form (failure to provide all information can cause a delay or application from being approved) along with an authorized signature agreeing to terms and allowing processing.
- All applications are reviewed and manually approved for participation in the program. All applicants will receive a confirmation or a denial (with reason stated) for each application submitted. (All decisions for program participation are final).
- We accept the following payment methods: Visa, Mastercard, American Express, Check or Money Order.
- This form and sale are subject to the Yaesu return policy which can be obtained by contacting Yaesu directly.
- **Please allow up to 14 weeks for processing and delivery of the repeater.**
- **Applications are reviewed and processed within a business week of being received to the program address**

Sales Support & Application Submission / Fax / Mail

YAESU USA
Attn: Repeater Program Administrator*
6125 Phyllis Drive, Cypress, CA 90630
Phone: 714-827-7600 Option 3
FAX #1: 714-827-8100
FAX #2: 714-527-9472
E-mail: dr2xprogram@yaesu.com

*Please include - Attn: Repeater Program Administrator
in all E-MAIL and USMAIL communications for proper routing

Technical Support Contact

Please direct All technical questions to:
YAESU USA CUSTOMER SERVICE
6125 Phyllis Dr, Cypress, CA. 90630
Phone: 1-714-827-7600 Option 8
E-mail: amateurtech@yaesu.com

DO NOT INCLUDE THIS PAGE WITH THE RETURNED APPLICATION



System Fusion Repeater Installation Program
Application Form - April 2024 thru September 2024

Each application is manually reviewed and approved/denied for participation in the program. Completion of this form does not guarantee participation or automatic approval within the program. Upon approval in the program your application will be processed. Payment methods (Visa, Mastercard, American Express, Money Order, or Check) will not be charged until the order is shipped. (Note: If payment is via Check the repeater will not ship until the funds have cleared the bank). Applications are reviewed and processed within a business week of being received to the program address.

Please provide a separate application for each repeater you order. A valid signature is required in order to process your order.

DR-2X Purchase: [] \$700 DR-2X [] \$900 DR-2X w/ LAN unit

- Purpose of purchase: (Please check all that apply)
[] Replace existing analog repeater with Fusion capable repeater
[] Replace existing digital repeater with Fusion capable repeater
[] Add additional Fusion repeater or repeater for back-up purposes

Repeater Information:

Name of Amateur Radio Club/Repeater Owner: _____

Physical Address of Repeater Site/Location (City & State): _____

Repeater Operating Callsign: _____

Repeater admin/trustee call sign: _____

Repeater frequency (if using a DR-1XFR only complete the A channel, if B is for control leave TX blank):

A Channel: TX _____ MHz RX _____ MHz

TONE: TX CTCSS or DCS _____ RX CTCSS or DCS _____

*** Only complete if using the B side of the repeater, NOTE: The DR-2x does NOT have dual transmitters

***B Channel: TX _____ MHz ***RX _____ MHz

***TONE: TX CTCSS or DCS _____ ***RX CTCSS or DCS _____

Planned mode of operation (circle one): [] AMS [] Digital Only Controller: [] YES or [] NO

Repeater TX power output: _____ Watts with Power Amplifier: _____ Watts

Antenna Height (from Ground): _____ Antenna Type: _____

[] Weekly Nets [] ARES/RACES Usage [] SKYWARN/WX Spotting [] Emergency Power

WiRES-X Connected Room #: _____ IMRS Linked # of Repeaters linked: _____

Does your Club/You own any other Yaesu repeaters: DR-1X/FR _____ DR-2X _____

YAESU

The radio

Payment Method:

Check/Money Order (Do not fill out credit card section, please mail application in with Check)

Credit Card [Visa / MasterCard / American Express (Discover not accepted)]

I hereby agree to have my credit card charged the amount listed above (if I chose credit card payment) and agree to all the terms and conditions of the Yaesu DR-2X Installation and Upgrade Program.

Name of Credit Card Holder: _____

Credit Card #: _____ Exp: _____

Billing Address: _____ City: _____

State: _____ Zip/Postal code: _____

Shipping Address: _____ City: _____

State: _____ Zip/Postal code: _____

Additional comments: _____

By signing this form and submitting it to Yaesu you agree to the following:

- 1.) Agree to not resell, sell, or trade any hardware for at least 1 year.**
- 2.) Place the repeater on the air operating in the area listed on your application.**
- 3.) Repeater must be on the air for a total of 12 months (1 year) in total length.**
- 4.) Warranty is non-transferable and applies to purchaser only (signature) of the form.**

Authorized Signature: _____ Date: _____

Printed Name: _____ Callsign: _____

Address: _____

Email Address: _____ Phone: (_____) _____

**PLEASE COMPLETE IN PDF FORMAT OR SCAN IN PDF FORMAT
OTHER FORMATS DELAY THE APPROVAL PROCESS**

**** NOTE:** Package will be sent via FedEx Signature Required. Someone must be present at the delivery address to sign. **

Office Use Only -

Approved: _____