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**Federal Communications Commission  
Public Safety and Homeland Security Bureau**

**RADIO STATION AUTHORIZATION**

LICENSEE: HUTCHINGS PSYCHIATRIC CENTER

ATTN: NYSOMH, UNIT Q  
HUTCHINGS PSYCHIATRIC CENTER  
75 NEW SCOTLAND AVENUE  
ALBANY, NY 12208

<b>Call Sign</b> KVT648	<b>File Number</b>
<b>Radio Service</b> PW - Public Safety Pool, Conventional	
<b>Regulatory Status</b> PMRS	
<b>Frequency Coordination Number</b>	

FCC Registration Number (FRN): 0007488620

<b>Grant Date</b> 08-04-2004	<b>Effective Date</b> 02-01-2007	<b>Expiration Date</b> 07-10-2014	<b>Print Date</b>
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**STATION TECHNICAL SPECIFICATIONS**

**Fixed Location Address or Mobile Area of Operation**

- Loc. 1 Area of operation**  
Other: VIC:SYRACUSE NY
- Loc. 2 Address:** HUTCHINGS PSYCH CNTR 620 MADISON ST  
**City:** SYRACUSE    **County:** ONONDAGA    **State:** NY  
**Lat (NAD83):** 43-02-31.2 N    **Long (NAD83):** 076-07-54.7 W    **ASR No.:**    **Ground Elev:** 124.0

**Antennas**

Loc No.	Ant No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. Ht./Tp meters	Ant. AAT meters	Construct Deadline Date
1	1	000155.07000000	MO	13		20K0F3E	25.000				
2	1	000155.07000000	FB	1		20K0F3E	25.000		14.0		

**Conditions:**

Pursuant to §309(h) of the Communications Act of 1934, as amended, 47 U.S.C. §309(h), this license is subject to the following conditions: This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term thereof nor in any other manner than authorized herein. Neither the license nor the right granted thereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934, as amended. See 47 U.S.C. § 310(d). This license is subject in terms to the right of use or control conferred by §706 of the Communications Act of 1934, as amended. See 47 U.S.C. §606.

**Licensee Name:** HUTCHINGS PSYCHIATRIC CENTER

**Call Sign:** KVT648

**File Number:**

**Print Date:**

**Control Points**

**Control Pt. No. 1**

**Address:** HUTCHINGS PSYCHIATRIC CENTER ADMIN BLDG 620 MADISON ST

**City:** SYRACUSE **County:** ONONDAGA **State:** NY **Telephone Number:** (315)426-3600

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**Associated Call Signs**

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**Waivers/Conditions:**

NONE

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