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

RADIO STATION AUTHORIZATION

LICENSEE: ONONDAGA, COUNTY OF

ATTN: CTY CORRECTIONAL FACILITY
ONONDAGA, COUNTY OF
RT 173
JAMESVILLE, NY 13078

Call Sign KNGQ664	File Number
Radio Service PW - Public Safety Pool, Conventional	
Regulatory Status PMRS	
Frequency Coordination Number	

FCC Registration Number (FRN): 0003419314

Grant Date 03-14-2003	Effective Date 03-14-2003	Expiration Date 05-04-2013	Print Date
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STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

- Loc. 1 Area of operation**
Countywide: ONONDAGA, NY
- Loc. 2 Area of operation**
Land Mobile Control Station meeting the 6.1 Meter Rule: NY
- Loc. 3 Address: SWEET & SEVIER RD**
City: POMPEY County: ONONDAGA State: NY
Lat (NAD83): 42-56-54.2 N Long (NAD83): 076-01-25.7 W ASR No.: Ground Elev: 488.0

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	000465.1750000	MO	45		20K0F3E	15.000				
2	1	000465.1750000	FX1	1		20K0F3E	8.000				
3	1	000460.1750000	FB2	1		20K0F3E	75.000		76.0		

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: ONONDAGA, COUNTY OF

Call Sign: KNGQ664

File Number:

Print Date:

Control Points

Control Pt. No. 1

Address: RT 173

City: JAMESVILLE **County:** **State:** NY **Telephone Number:**

Associated Call Signs

Waivers/Conditions:

NONE

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