REFERENCE COPY

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Federal Communications Commission Public Safety and Homeland Security Bureau

RADIO STATION AUTHORIZATION

LICENSEE: GROVE, TOWN OF

ATTN: JESSE GRIFFITH GROVE, TOWN OF CR 24 SWAIN, NY 14884 Call Sign File Number WNOG288 0006389895

Radio Service

PW - Public Safety Pool, Conventional

Regulatory Status PMRS

Frequency Coordination Number

FCC Registration Number (FRN): 0003394038

Grant Date	Effective Date	Expiration Date	Print Date		
07-24-2014	07-24-2014	09-08-2024	07-24-2014		

STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

Loc. 1 Area of operation

Land Mobile Control Station meeting the 6.1 Meter Rule: NY

Loc. 2 Address: SWAIN HILL RD

City: SWAIN County: ALLEGANY State: NY

Lat (NAD83): 42-28-32.2 N Long (NAD83): 077-54-28.0 W ASR No.: Ground Elev: 626.0

Loc. 3 Area of operation

Operating within a 80.0 km radius around fixed location 2

Antennas

		Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator			_	
1 1	1	000154.02500000	FX1	1		11K2F3E	15.000	60.000		
2 1	1	000158.92500000	FB2	1		11K2F3E	30.000	60.000	6.0	
3 1	1	000154.02500000	MO	20		11K2F3E	30.000	30.000		

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: GROVE, TOWN OF

Control Points
Control Pt. No. 1
Address: CR 24

City: SWAIN County: State: NY Telephone Number: (607)545-8638

Associated Call Signs

<NA>

Waivers/Conditions:

Authorization on a secondary basis.

(FB2)