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**Federal Communications Commission  
Wireless Telecommunications Bureau**

**RADIO STATION AUTHORIZATION**

LICENSEE: NEXTEL LICENSE HOLDINGS 4, INC

ATTN: ROBERT H. MCNAMARA  
NEXTEL LICENSE HOLDINGS 4, INC  
2001 EDMUND HALLEY DRIVE  
RESTON, VA 20191

<b>Call Sign</b> WPCF950	<b>File Number</b>
<b>Radio Service</b> GX - SMR, 806-821/851-866 MHz, Conventional	
<b>Regulatory Status</b> CMRS	
<b>Frequency Coordination Number</b>	

FCC Registration Number (FRN): 0002049880

<b>Grant Date</b> 06-01-2000	<b>Effective Date</b> 12-19-2000	<b>Expiration Date</b> 06-01-2010	<b>Print Date</b>
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**STATION TECHNICAL SPECIFICATIONS**

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

**Loc. 1** Address: 1485 CRANE AVE  
City: PITTSBURGH County: ALLEGHENY State: PA  
Lat (NAD83): 40-24-54.2 N Long (NAD83): 080-02-19.2 W ASR No.: Ground Elev: 378.0

**Loc. 2** Area of operation  
Operating within a 113.0 km radius around fixed location 1

**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	000851.41250000	FB2C	1		20K0F3E	70.000	125.000	91.0	210.0	
2	1	000806.00000000-000821.00000000	MO	70		20K0F3E	35.000	35.000			

**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:** NEXTEL LICENSE HOLDINGS 4, INC

**Call Sign:** WPCF950

**File Number:**

**Print Date:**

**Control Points**

**Control Pt. No. 1**

**Address:** 1505 FARM CREDIT DR

**City:** MCLEAN **County:** **State:** VA **Telephone Number:** (703)394-3000

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**Associated Call Signs**

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<NA>

**Waivers/Conditions:**

NONE