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

**RADIO STATION AUTHORIZATION**

LICENSEE: LANKENAU HOSPITAL

ATTN: KARL L FILACHEK  
LANKENAU HOSPITAL  
100 LANCASTER AVE  
WYNNWOOD, PA 19096

<b>Call Sign</b> WNUF577	<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):**

<b>Grant Date</b> 09-07-2000	<b>Effective Date</b> 09-07-2000	<b>Expiration Date</b> 09-06-2005	<b>Print Date</b>
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**STATION TECHNICAL SPECIFICATIONS**

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

**Loc. 1 Address:** LANCASTER AVE W OF CITY LINE  
**City:** PHILADELPHIA    **County:** PHILADELPHIA    **State:** PA  
**Lat (NAD83):** 39-59-30.4 N    **Long (NAD83):** 075-15-42.7 W    **ASR No.:**    **Ground Elev:** 79.0

**Loc. 2 Area of operation**  
Operating within a 5.0 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	000155.3250000	FB	1		16K0F3E	25.000	25.000	30.0	0.0	
2	1	000155.3250000	MO	25		16K0F3E	25.000				

**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:** LANKENAU HOSPITAL

**Call Sign:** WNUF577

**File Number:**

**Print Date:**

**Control Points**

**Control Pt. No. 1**

**Address:** LANCASTER AVE W OF CITY LINE

**City:** PHILADELPHIA **County:** **State:** PA **Telephone Number:** (215)645-2195

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**Associated Call Signs**

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<NA>

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**Waivers/Conditions:**

NONE

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