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**Federal Communications Commission  
Wireless Telecommunications Bureau**

**RADIO STATION AUTHORIZATION**

LICENSEE: CURATORS OF THE UNIVERSITY OF MISSOURI

ATTN: UM BUSINESS SERVICES  
CURATORS OF THE UNIVERSITY OF MISSOURI  
1105 CARRIE FRANKE DR.  
COLUMBIA, MO 65211

<b>Call Sign</b> KSD969	<b>File Number</b>
<b>Radio Service</b> IG - Industrial/Business Pool, Conventional	
<b>Regulatory Status</b> PMRS	
<b>Frequency Coordination Number</b>	

FCC Registration Number (FRN): 0002511491

<b>Grant Date</b> 03-14-2003	<b>Effective Date</b> 03-14-2003	<b>Expiration Date</b> 03-14-2013	<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:BOONE COUNTY AND ADJACENT COUNTIES MO  
**Loc. 2 Address:** HATCH HALL RM 901 COLLEGE AVE  
**City:** COLUMBIA **County:** BOONE **State:** MO  
**Lat (NAD83):** 38-56-27.1 N **Long (NAD83):** 092-19-16.7 W **ASR No.:** **Ground Elev:** 234.0

**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	000152.36000000	MO	5		20K0F3E	45.000				
2	1	000152.36000000	FB	1		20K0F3E	45.000		33.0		

**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:** CURATORS OF THE UNIVERSITY OF

**Call Sign:** KSD969

**File Number:**

**Print Date:**

**Control Points**

**Control Pt. No. 1**

**Address:** RM 161 VETERINARY CLINIC CONTROL

**City:** COLUMBIA **County:** **State:** MO **Telephone Number:** (573)882-1314

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**Associated Call Signs**

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<NA>

**Waivers/Conditions:**

NONE