

REFERENCE COPY

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**Federal Communications Commission
Wireless Telecommunications Bureau**

RADIO STATION AUTHORIZATION

LICENSEE: HEALTHSOUTH REHABILITATION HOSPITAL -
TOMS RIVER

ATTN: BRIAN KUBIEL
HEALTHSOUTH REHABILITATION HOSPITAL - TOMS RIVER
14 HOSPITAL DRIVE
TOMS RIVER, NJ 08755

Call Sign WQNP755	File Number
Radio Service IG - Industrial/Business Pool, Conventional	
Regulatory Status PMRS	
Frequency Coordination Number	

FCC Registration Number (FRN): 0020519054

Grant Date 04-12-2011	Effective Date 05-19-2015	Expiration Date 04-12-2021	Print Date
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STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

- Loc. 1 Address:** 14 HOSPITAL DRIVE
City: TOMS RIVER **County:** OCEAN **State:** NJ
Lat (NAD83): 39-57-45.0 N **Long (NAD83):** 074-13-02.0 W **ASR No.:** **Ground Elev:** 13.0
- Loc. 2 Area of operation**
Operating within a 13.0 km radius around fixed location 1
- Loc. 3 Area of operation**
Land Mobile Control Station meeting the 6.1 Meter Rule: NJ

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	000464.58750000	FB2	1		11K2F3E 7K60FXE	50.000	33.000	13.7	8.4	04-12-2012
1	1	000464.78750000	FB2	1		11K2F3E 7K60FXE	50.000	33.000	13.7	8.4	05-19-2016

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: HEALTHSOUTH REHABILITATION

Call Sign: WQNP755

File Number:

Print Date:

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
2	1	000461.53750000	MO	50		11K2F3E 7K60FXE	5.000	5.000			04-12-2012
2	1	000462.01250000	MO	50		11K2F3E 7K60FXE	5.000	5.000			04-12-2012
2	1	000463.51250000	MO	50		11K2F3E 7K60FXE	5.000	5.000			04-12-2012
2	1	000464.58750000	MO	50		11K2F3E 7K60FXE	5.000	5.000			04-12-2012
2	1	000469.58750000	MO	50		11K2F3E 7K60FXE	5.000	5.000			04-12-2012
2	1	000469.78750000	MO	50		11K2F3E 7K60FXE	5.000	5.000			05-19-2016
2	1	000464.78750000	MO	50		11K2F3E 7K60FXE	5.000	5.000			05-19-2016
3	1	000469.58750000	FX1	1		11K2F3E 7K60FXE	50.000	33.000			
3	1	000469.78750000	FX1	1		11K2F3E 7K60FXE	50.000	33.000			

Control Points

Control Pt. No. 1

Address: 14 HOSPITAL DRIVE

City: TOMS RIVER **County:** OCEAN **State:** NJ **Telephone Number:** (732)244-3100

Associated Call Signs

<NA>

Waivers/Conditions:

NONE