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

**RADIO STATION AUTHORIZATION**

LICENSEE: UNIVERSITY OF IOWA

ATTN: CAMPUS HOSPITAL  
UNIVERSITY OF IOWA  
BUSINESS OFC RM M111  
OAKDALE, IA 52319

<b>Call Sign</b> WPDE392	<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): 0009669524

<b>Grant Date</b> 01-12-2004	<b>Effective Date</b> 01-12-2004	<b>Expiration Date</b> 09-14-2013	<b>Print Date</b>
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**STATION TECHNICAL SPECIFICATIONS**

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

**Loc. 1** Address: HOSP BUSINESS OFC RM M111  
City: OAKDALE County: JOHNSON State: IA  
Lat (NAD83): 41-42-05.1 N Long (NAD83): 091-36-08.6 W ASR No.: N/A Ground Elev: 247.0

**Loc. 2** Area of operation  
Operating within a 32.0 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	000453.6750000	FB2	1		20K0F3E	50.000	250.000	24.0		
2	1	000453.6750000	MO	50		20K0F3E	50.000	100.000			
2	1	000458.6750000	MO	50		20K0F3E	50.000	100.000			

**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:** UNIVERSITY OF IOWA

**Call Sign:** WPDE392

**File Number:**

**Print Date:**

**Control Points**

**Control Pt. No. 1**

**Address:** HOSP BUSINESS OFC RM M111

**City:** OAKDALE **County:** **State:** IA **Telephone Number:** (319)335-4038

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**Associated Call Signs**

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**Waivers/Conditions:**

Waiver of Rule 1.949 granted 1/12/04.