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**Federal Communications Commission  
Wireless Telecommunications Bureau**

**RADIO STATION AUTHORIZATION**

LICENSEE: ROBINSON COMMUNITY UNIT SCHOOL

ROBINSON COMMUNITY UNIT SCHOOL  
206 S. JACKSON ST.  
ROBINSON, IL 62454

<b>Call Sign</b> WQUS761	<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): 0002786655

<b>Grant Date</b> 09-30-2014	<b>Effective Date</b> 09-30-2014	<b>Expiration Date</b> 09-30-2024	<b>Print Date</b>
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**STATION TECHNICAL SPECIFICATIONS**

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

**Loc. 1** Address: 2000 N. CROSS  
City: ROBINSON County: CRAWFORD State: IL  
Lat (NAD83): 39-01-10.2 N Long (NAD83): 087-44-19.1 W ASR No.: Ground Elev: 158.0

**Loc. 2** Area of operation  
Operating within a 40.0 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	000153.71750000	FB2	1		11K2F3E	50.000	100.000	24.4	21.2	09-30-2015
2	1	000153.71750000	MO	10		11K2F3E	50.000	50.000			09-30-2015
2	1	000159.68250000	MO	10		11K2F3E	50.000	50.000			09-30-2015

**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:** ROBINSON COMMUNITY UNIT SCHOOL

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**File Number:**

**Print Date:**

**Control Points**

**Control Pt. No. 1**

**Address:** 206 S. JACKSON ST.

**City:** ROBINSON **County:** CRAWFORD **State:** IL **Telephone Number:** (618)544-7781

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**Associated Call Signs**

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<NA>

**Waivers/Conditions:**

NONE