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

**RADIO STATION AUTHORIZATION**

LICENSEE: PORTER COUNTY SHERIFF'S DEPARTMENT

ATTN: CAPTAIN LARRY W SHEETS  
PORTER COUNTY SHERIFF'S DEPARTMENT  
2755 STATE ROAD 49  
VALPARAISO, IN 46383

<b>Call Sign</b> WQMG266	<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): 0019893825

<b>Grant Date</b> 07-23-2020	<b>Effective Date</b> 10-18-2021	<b>Expiration Date</b> 07-29-2030	<b>Print Date</b>
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**STATION TECHNICAL SPECIFICATIONS**

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

**Loc. 1 Area of operation**  
Countywide: PORTER, IN

**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	002453.00000000	MO	1		2M40W7D	5.000	10.000			07-29-2011
1	1	002480.25000000	MO	1		2M40W7D	5.000	10.000			10-18-2022
1	1	002481.25000000	MO	1		2M40W7D	5.000	10.000			10-18-2022

**Control Points**

**Control Pt. No. 1**

**Address:** 2755 STATE ROAD 49

**City:** VALPARAISO **County:** PORTER **State:** IN **Telephone Number:** (219)477-3105

**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:** PORTER COUNTY SHERIFF'S DEPARTMENT

**Call Sign:** WQMG266

**File Number:**

**Print Date:**

**Associated Call Signs**

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<NA>

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**Waivers/Conditions:**

NONE

Reference Copy