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

**RADIO STATION AUTHORIZATION**

LICENSEE: ST. FRANCIS HOSPITAL-MOORESVILLE

ATTN: DIRECTOR OF FACILITIES  
ST. FRANCIS HOSPITAL-MOORESVILLE  
1201 HADLEY ROAD  
MOORESVILLE, IN 46158

<b>Call Sign</b> WRDH303	<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): 0018114348

<b>Grant Date</b> 04-29-2019	<b>Effective Date</b> 04-29-2019	<b>Expiration Date</b> 04-29-2029	<b>Print Date</b>
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**STATION TECHNICAL SPECIFICATIONS**

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

**Loc. 1 Address:** 1201 HADLEY ROAD  
**City:** MOORESVILLE **County:** MORGAN **State:** IN  
**Lat (NAD83):** 39-37-14.8 N **Long (NAD83):** 086-22-26.9 W **ASR No.:** **Ground Elev:** 215.8

**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	000155.34000000	FB	1		11K2F3E	100.000	250.000	45.7	32.6	04-29-2020

**Control Points**

**Control Pt. No. 1**

**Address:** 1201 HADLEY ROAD  
**City:** MOORESVILLE **County:** MORGAN **State:** IN **Telephone Number:** (317)834-9686

**Associated Call Signs**

**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:** ST. FRANCIS HOSPITAL-MOORESVILLE

**Call Sign:** WRDH303

**File Number:**

**Print Date:**

<NA>

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**Waivers/Conditions:**

NONE

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