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

RADIO STATION AUTHORIZATION

LICENSEE: PORTER VOLUNTEER FIRE DEPT

PORTER VOLUNTEER FIRE DEPT
PO BOX 42
PORTER, TX 77365

Call Sign KNHE638	File Number
Radio Service PW - Public Safety Pool, Conventional	
Regulatory Status PMRS	
Frequency Coordination Number	

FCC Registration Number (FRN): 0001637792

Grant Date 05-12-1998	Effective Date 05-12-1998	Expiration Date 08-01-2003	Print Date
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STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

Loc. 1 Area of operation

Other: 15 MIRA PORTER TX

Loc. 2 Address: 1 BLOCK W OF 494 ON 1314

City: PORTER County: MONTGOMERY State: TX

Lat (NAD83): 30-06-15.8 N Long (NAD83): 095-13-58.8 W ASR No.: Ground Elev: 37.0

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	000154.28000000	MO	40		20K0F3E	30.000				
1	1	000154.43000000	MO	40		20K0F3E	30.000				
2	1	000154.28000000	FB	1	30	20K0F3E	50.000		33.0		
2	1	000154.43000000	FB	1	30	20K0F3E	50.000		33.0		

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 VOLUNTEER FIRE DEPT

Call Sign: KNHE638

File Number:

Print Date:

Control Points

Control Pt. No. 1

Address: 1 BLOCK W OF 494 ON 1314

City: PORTER **County:** **State:** TX **Telephone Number:**

Associated Call Signs

<NA>

Waivers/Conditions:

NONE

Reference Copy