



**East Texas Medical Center
Regional Healthcare System**

November 30, 2009

Mr. Doug Frankhouse
Houston Airport System
16930 JFK Blvd.
Houston, TX 77032

Dear Doug,

Region 51 700MHz Planning Committee

ETMC EMS is upgrading from analog to digital, adding channels at the various sites and installing nine PSIC sites as part of the statewide plan for Communications Interoperability. There are two (2) PSIC sites that are in Region 51 and we are requesting 700MHz frequencies as per the attached documentation. These sites are named: "Crockett" in Houston County and "Groveton" in Trinity County. The sites frequencies were obtained by using the CAPRAD program for Region 51. Your assistance in granting these frequencies as per the Region 51 Plan will be appreciated. Please contact me if you have any questions or need further information.

Sincerely,

A handwritten signature in black ink that reads "Jeff Haislet". The signature is written in a cursive, flowing style.

Jeff Haislet
Communications Director

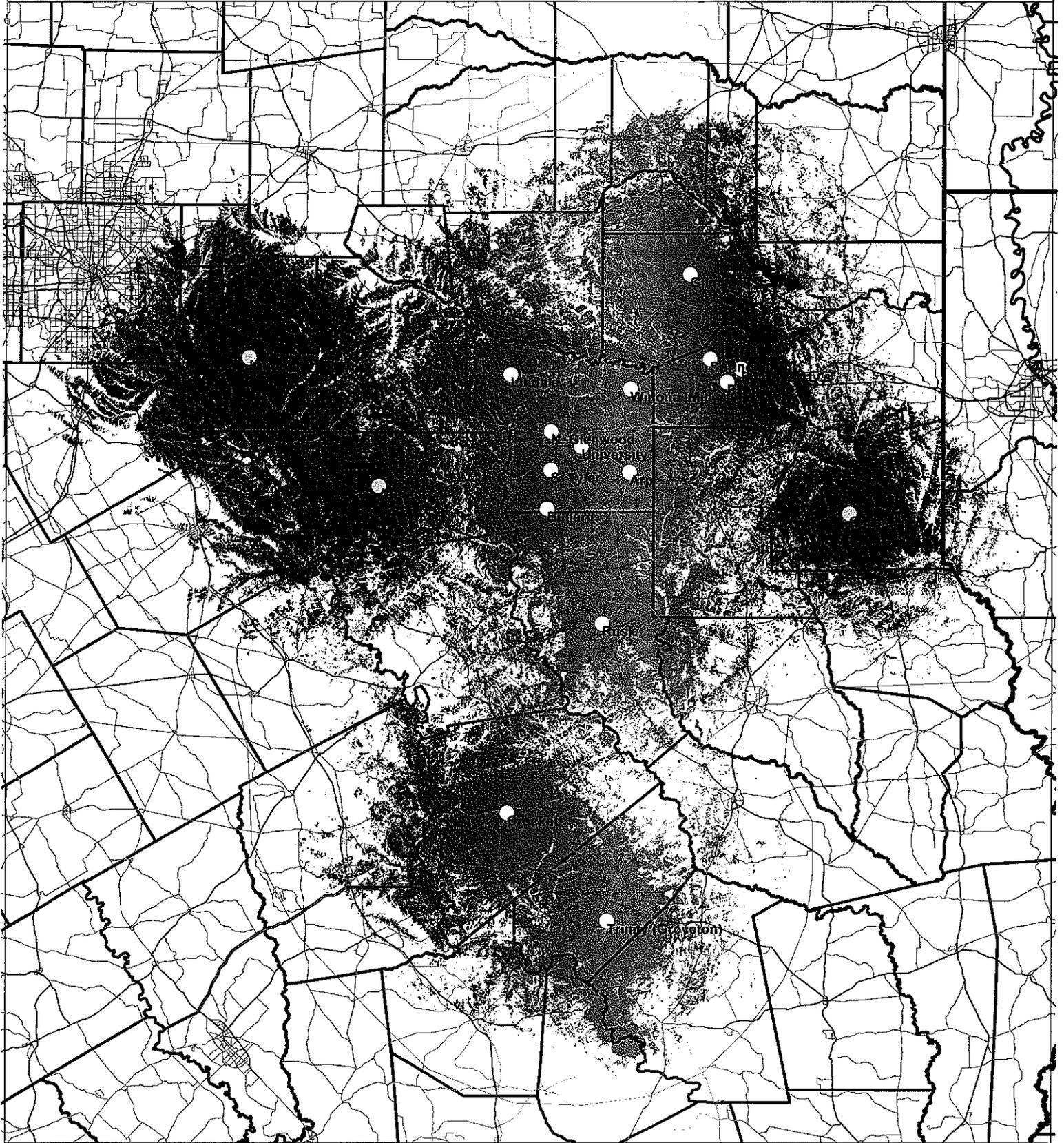
Attachments: System Coverage Map

By Site:

Form 601 (Caprad system)
Site Engineering Exhibit
Site 41dBu Contour



ETMC ASTRO 25 Site Coverage
XTL5000 Digital Mobile
95% Covered Area Reliability
DAQ 3.4



0 23.67 47.35 mi
1 inch = 23.67 miles @ 1/1500000

For Informational Purposes Only

Projection World_Mercator
Center Point 31:58:9.72 N 95:23:22.26 W

Monday, August 24 2009 3.40 Build 3671

Job Id : 1938427908.17.000.4.2

Portion(s) Of GIS Source Data Provided By ESRI, Inc.

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau
Radio Service Authorization

Approved by OMB
3060-0798
See instructions for
Public burden
estimate

1) Radio Service Code: SY	1a) Existing Radio Service Code:
----------------------------------	----------------------------------

Application Purpose

2) (Select only one) (NE)	
NE - New	RO - Renewal Only
MD - Modification	RM - Renewal/Modification
AM - Amendment	CA - Cancellation of License
AU - Administrative Update	NT - Required Notifications
WD - Withdrawal of Application	EX - Request for Extension of Time
DU - Duplicate License	RL - Registered Location/Link
3a) If this application is for a Developmental License, Demonstration License, or a Special Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter N (Not Applicable)	(N) D M S N/A
3b) If this application is for Special Temporary Authority due to an emergency situation enter 'Y'; otherwise enter 'N.' Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	(N) Yes No
4) If this application is an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number
5) If this request is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a application for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	
7) Is this application "major" as defined in para 1.929 of the Commission's Rules when read in conjunctin with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of para 1.929).	(N) Yes No
8) Are attachments (other than associated schedules) being filed with this application?	(Y) Yes No

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(Y) Yes No
10) Is the applicant exempt from FCC regulatory fees?	(Y) Yes No
11a) Does this application include a request for a Waiver of the Commission's rules? If 'Yes', attach an exhibit providing rule numbers and explaining circumstances.	(N) Yes No
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) Yes No

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Applicant Information

13) FCC Registration Number (FRN): 0004247870			
14) Applicant/Licensee Legal Entity Type (Select One)			
() Individual () Unincorporated Association () Trust (X) Government Entity () Corporation			
() Limited Liability Company () General Partnership () Limited Partnership () Limited Liability Partnership () Consortium			
() Other:			
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided? N			
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): East Texas Medical Center EMS			

18) Attention To: Communications Director		
19) P.O. Box:	And/Or	20) Street Address: 352 S. Glenwood Blvd.
21) City: Tyler	22) State: TX	23) ZIP Code: 75702
24) Telephone Number: (903) 535-5838		25) FAX: (903) 535-5813
26) E-Mail Address: Jhaislet@etmc.org		
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Real Party in Interest

28) Name of Real Party in Interest of Applicant (if different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (if different from applicant)

30) First Name:	MI:	Last Name:	Suffix:
31) Company Name:			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address:	
35) City:	36) State:	37) ZIP Code:	
38) Telephone Number:		39) FAX:	
40) E-Mail Address:			

FCC 601 - Main Form
February 2008 Page 2**Regulatory Status**

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply): <input type="checkbox"/> Common Carrier <input type="checkbox"/> Non-Common Carrier <input checked="" type="checkbox"/> Private, internal communications <input type="checkbox"/> Broadcast Services <input type="checkbox"/> Band Manager
--

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (choose all that apply): <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Radiolocation <input type="checkbox"/> Satellite (sound) <input type="checkbox"/> Broadcast Services
43) Does the Applicant propose to provide service interconnected to the public telephone network? (N) <u>Yes</u> <u>No</u>

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government?	(N) <u>Yes</u> <u>No</u>
45) Is the applicant an alien or the representative of an alien?	(N) <u>Yes</u> <u>No</u>
46) Is the applicant a corporation organized under the laws of any foreign government?	(N) <u>Yes</u> <u>No</u>
47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	(N) <u>Yes</u> <u>No</u>
48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is	

owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? (N) Yes No

48b) If the answer to 48a is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application?

If the answer to 48b is 'Y', attach an exhibit that identifies the citation(s) of the applicable declaratory ruling(s) by DA/FCC number of the FCC Record citation, if available, release date, and any other identifying information (N) Yes No

If the answer to 48b is 'N', attach to this filing a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act. It is not necessary to file a request for a foreign ownership ruling if the Applicant includes in the exhibit required by Item 48a showing that the requested license(s) is exempt from the provisions of Section 310(b)(4).

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission? (N) Yes No

50) Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? (N) Yes No

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? (N) Yes No

If the answer to any of 49-51 is 'Y', attach an exhibit explaining the circumstances.

Aeronautical Advisory Station (Unicom) Certification

52) I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application. N/A

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? N/A

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located with the geographic service area of the requested facilities? N/A

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? N/A

Note: If the answer to question 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? N/A

Note: If the answer to question 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

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February 2008 Page 3

General Certification Statements

1) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.

2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution,

or spectrum cap rule.*

*If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.

3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1998, 21 U.S.C. p862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR p1.2002(c). See Section 1.2002(b) of the rules, 47 CFR p1.2002(b). for the definition of "party to the application" as used in this certification.

5) The applicant certifies that it either (1) has a current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application or (3) is not required to file ownership data under the Commission's Rules.

6) The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b), or, (2) have been found not to cause human exposure to levels of radio frequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093, or, (3) are the subject of one or more Environmental Assessments filed with the Commission.

7) The applicant certifies that it has reviewed the appropriate Commission Rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).

8) The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Jeff	MI:	Last Name: Haislet	Suffix:
57) Title: Communications Director			
Signature: 		58) Date: 11/30/2009	

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

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FCC 601
Schedule D

Wireless Telecommunications Bureau Schedule for
Station Locations and Antenna Structures

Approved by OMB
3060-0798
See 601 Maint Form
for public burden estimate

1) Action Requested: (A) <u>Add</u> <u>Mod</u> <u>Del</u>		2) Location Number: 1	
3) Location Description: Fixed		4) Area of Operation Code: N/A	5) Location Name: Crockett
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required) 1271695			
7) Latitude (DD-MM-SS.S): NAD83		8) Longitude (DDD-MM-SS.S): NAD83	

() N or S		() E or W	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:	11) State:	12) County/Borough/Parish: Houston	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example):	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type: TOWER			
17) Location Number: (Only for Area of Operation Code 'A')	18) Radius (km):	19) Airport Identifier:	20) Site Status:
21) Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) NAD83 () N or S		22) Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) NAD83 () E or W	
23) Do you propose to operate in an area that requires frequency coordination with Canada? (N) Yes No			
24) Description: (only for Area of Operation Code 'O'):			
25) Number of Units: _____ Hand Held _____ Mobile _____ Temporary Fixed _____ Aircraft _____ Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. (N) Yes No			
27a) If the proposed site is located in one of the quiet zones listed in item 27 of the instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified:			
27b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? (N) Yes No			
28) Do you propose to operate in an area that requires frequency coordination with Mexico? (N) Yes No			

FCC 601 - Schedule D
February 2008 - Page 1

**FCC 601
Schedule H**

**Wireless Telecommunications Bureau Schedule for
Station Locations and Antenna Structures**

Approved by OMB
3060-0798
See 601 Main Form
for public burden
estimate

Eligibility

1) Rule Section: 90.523	2) Describe Activity: Dispatch Public Safety First Responders to the General Public.
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Frequency Coordination Information (if not self-coordinated)

3) Frequency Coordination Number:	4) Name of Frequency Coordinator:	5) Telephone Number:	6) Coordination Date:
A00001473			

7) Has this application been successfully coordinated?	(N) Yes / No
--	--------------

Extended Implementation (Slow Growth)

8) Are you requesting a new or modified extended implementation plan? If "yes", attach an exhibit with a justification and a proposed station construction schedule.	(N) Yes / No
---	--------------

Associated Call Signs (Attach additional sheets if required)

9)				

Broadcast Auxiliary Only

If there is an associated Parent Station, complete Items 10-12.	10) Facility Id of Parent Station:	11) Radio Service of Parent Station:	12) City and State of Parent Station Principal Community:
13) If there is no associated parent station, this applicant is a: () Broadcast Network Entity Television Cable operator Motion Picture Producer Television Producer			14) State of Primary Operation:

Control Point(s) (Other than at the transmitter) (Attach additional sheets if required)

15) Action A/M/D	16) Control Point Number	17) Location Street Address, City or Town, County/Borough/Parish, State	18) Telephone Number
1. A	1	352 S. Glenwood Blvd., Tyler, Smith, TX	(903) 597-2011
2. A	2	1000 S. Beckham, Tyler, Smith, TX	(903) 594-2818
3.			
4.			
5.			

FCC 601 - Schedule H
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Antenna Information

19) Action (A/M/D)	20) Location Number	21) Antenna Number	22) AAT (meters)	23) Antenna Ht (meters)	24) Azimuth (degrees)	25) Beamwidth (degrees)	26) Polarization	27) Gain (dB)
1. A	1	1	243.2	140.2	.0	360.0	V	11.5
2.								
3.								
4.								
5.								

6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									

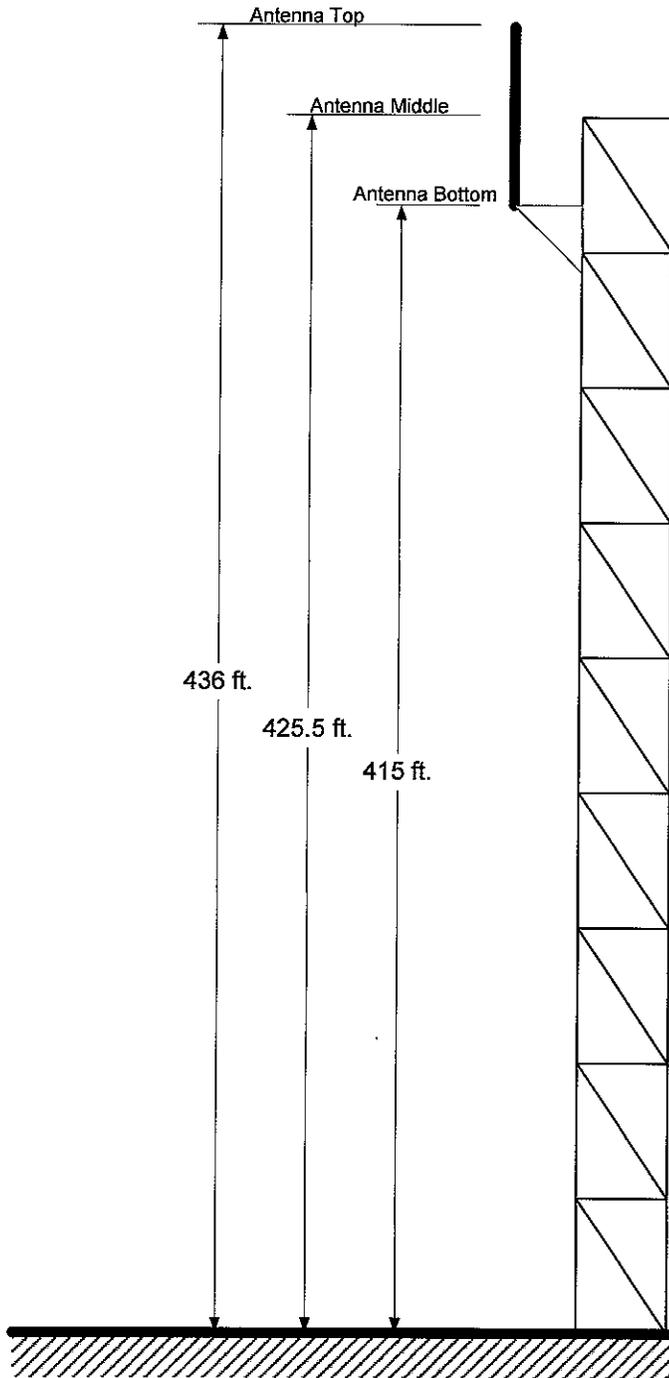
FCC 601 - Schedule H
February 2008 - Page 2

Frequency Information

28) Action (A/M/D)	29) Location Number	30) Antenna Number	31) Frequency (MHz) New	32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
1. A	1	1	770.081250	FB2	1		100.0	182.0	8K10F1E
2. A	1	1	770.506250	FB2	1		100.0	182.0	8K10F1E
3. A	1	1	771.256250	FB2	1		100.0	182.0	8K10F1E
4. A	1	1	771.531250	FB2	1		100.0	182.0	8K10F1E
5. A	1	1	771.806250	FB2	1		100.0	182.0	8K10F1E
6. A	1	1	772.256250	FB2	1		100.0	182.0	8K10F1E
7. A	1	1	800.081250	MO	600		35.0	35.0	8K10F1W
8. A	1	1	800.506250	MO	600		35.0	35.0	8K10F1W
9. A	1	1	801.256250	MO	600		35.0	35.0	8K10F1W
10. A	1	1	801.531250	MO	600		35.0	35.0	8K10F1W
11. A	1	1	801.806250	MO	600		35.0	35.0	8K10F1W

12.	A	1	1	802.256250	MO	600		35.0	35.0	8K10F1W
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										

EAST TEXAS MEDICAL CENTER
Region 51 Service Area Calculations
System Engineering Exhibit 1A



Antenna:
Mfg: Celwave
Model: SC412-HL2LDF
TX Gain: 11.5 dBd
Beamwidth: 360 Degrees
Azimuth: 0 Degrees

Transmission Line
Mfg: Andrew
Type: LDF6-50A
Length: 455'
Loss/100': 0.76 dB
Total Line Loss: 3.5 dB

Combiner:
Mfg: Powerwave
Model: DA099-CMBN-006
Loss: 4.0 dB

Jumper/Connector:
Loss: 1.4 dB

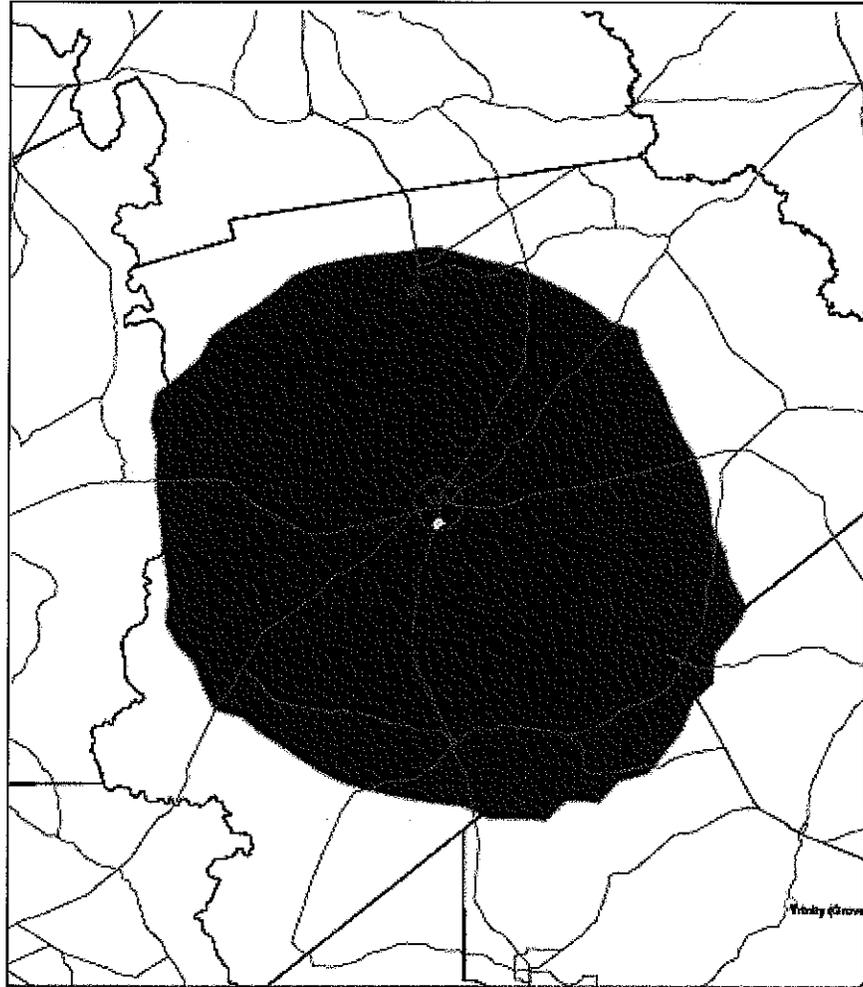
Transmit Output: 100 Watts

System ERP: 52.6 dBm
182 Watts

Average Elevation:
Ground Level: 357' AMSL

CROCKETT SITE
Latitude: 31 18 1.33
Longitude: 95 27 30.99

Crockett 41 dBu Contour



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21) City: Tyler	22) State: TX	23) ZIP Code: 75702
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26) E-Mail Address: Jhaislet@etmc.org		
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

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28) Name of Real Party in Interest of Applicant (if different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
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30) First Name:	MI:	Last Name:	Suffix:
31) Company Name:			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address:	
35) City:	36) State:	37) ZIP Code:	
38) Telephone Number:		39) FAX:	
40) E-Mail Address:			

FCC 601 - Main Form
February 2008 Page 2**Regulatory Status**

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48b) If the answer to 48a is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application?

If the answer to 48b is 'Y', attach an exhibit that identifies the citation(s) of the applicable declaratory ruling(s) by DA/FCC number of the FCC Record citation, if available, release date, and any other identifying information (N) Yes No

If the answer to 48b is 'N', attach to this filing a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act. It is not necessary to file a request for a foreign ownership ruling if the Applicant includes in the exhibit required by Item 48a showing that the requested license(s) is exempt from the provisions of Section 310(b)(4).

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission? (N) Yes No

50) Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? (N) Yes No

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? (N) Yes No

If the answer to any of 49-51 is 'Y', attach an exhibit explaining the circumstances.

Aeronautical Advisory Station (Unicom) Certification

52) I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application. N/A

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? N/A

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located with the geographic service area of the requested facilities? N/A

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? N/A

Note: If the answer to question 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? N/A

Note: If the answer to question 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

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General Certification Statements

1) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.

2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution,

or spectrum cap rule.*

*If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.

3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1998, 21 U.S.C. p862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR p1.2002(c). See Section 1.2002(b) of the rules, 47 CFR p1.2002(b). for the definition of "party to the application" as used in this certification.

5) The applicant certifies that it either (1) has a current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application or (3) is not required to file ownership data under the Commission's Rules.

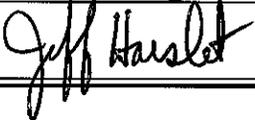
6) The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b), or, (2) have been found not to cause human exposure to levels of radio frequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093, or, (3) are the subject of one or more Environmental Assessments filed with the Commission.

7) The applicant certifies that it has reviewed the appropriate Commission Rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).

8) The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Jeff	MI:	Last Name: Haislet	Suffix:
57) Title: Communications Director			
Signature: 		58) Date: 11/30/2009	

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

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FCC 601
Schedule D

Wireless Telecommunications Bureau Schedule for Approved by OMB
Station Locations and Antenna Structures

3060-0798
See 601 Maint Form
for public burden estimate

1) Action Requested: (A) Add Mod Del		2) Location Number: 1	
3) Location Description: Fixed		4) Area of Operation Code: N/A	5) Location Name: Groveton
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required) 1271565			
7) Latitude (DD-MM-SS.S): NAD83		8) Longitude (DDD-MM-SS.S): NAD83	

30-59-56.4		(N) N or S	95- 8-03.4		(W) E or W
9) Street Address, Name of Landing Area, or Other Location Description: 4177 FM 355					
10) City: Groveton		11) State: TX		12) County/Borough/Parish: Trinity	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 76.2		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 134.1		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 134.1	
16) Support Structure Type: TOWER					
17) Location Number: (Only for Area of Operation Code 'A')		18) Radius (km):		19) Airport Identifier:	
20) Site Status:					
21) Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner)			NAD83 () N or S		
22) Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner)			NAD83 () E or W		
23) Do you propose to operate in an area that requires frequency coordination with Canada? (N) Yes No					
24) Description: (only for Area of Operation Code 'O'):					
25) Number of Units: _____ Hand Held _____ Mobile _____ Temporary Fixed _____ Aircraft _____ Itinerant					
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. (N) Yes No					
27a) If the proposed site is located in one of the quiet zones listed in item 27 of the instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified:					
27b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? (N) Yes No					
28) Do you propose to operate in an area that requires frequency coordination with Mexico? (N) Yes No					

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FCC 601
Schedule H

Wireless Telecommunications Bureau Schedule for
Station Locations and Antenna Structures

Approved by OMB
3060-0798
See 601 Main Form
for public burden
estimate

Eligibility

1) Rule Section: 90.523	2) Describe Activity: Dispatch Public Safety First Responders to the General Public.
----------------------------	---

Frequency Coordination Information (if not self-coordinated)

3) Frequency Coordination Number:	4) Name of Frequency Coordinator:	5) Telephone Number:	6) Coordination Date:
A00001474			

7) Has this application been successfully coordinated? (N) Yes / No

Extended Implementation (Slow Growth)

8) Are you requesting a new or modified extended implementation plan?
If "yes", attach an exhibit with a justification and a proposed station construction schedule. (N) Yes / No

Associated Call Signs (Attach additional sheets if required)

9)				

Broadcast Auxiliary Only

If there is an associated Parent Station, complete Items 10-12.	10) Facility Id of Parent Station:	11) Radio Service of Parent Station:	12) City and State of Parent Station Principal Community:
13) If there is no associated parent station, this applicant is a: () Broadcast Network Entity Television Cable operator Motion Picture Producer Television Producer			14) State of Primary Operation:

Control Point(s) (Other than at the transmitter) (Attach additional sheets if required)

15) Action A/M/D	16) Control Point Number	17) Location Street Address, City or Town, County/Borough/Parish, State	18) Telephone Number
1. A	1	352 S. Glenwood Blvd., Tyler, Smith, TX	(903) 597-2011
2. A	2	1000 S. Beckham, Tyler, Smith, TX	(903) 594-2818
3.			
4.			
5.			

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Antenna Information

19) Action (A/M/D)	20) Location Number	21) Antenna Number	22) AAT (meters)	23) Antenna Ht (meters)	24) Azimuth (degrees)	25) Beamwidth (degrees)	26) Polarization	27) Gain (dB)
1. A	1	1	210.3	134.1	.0	360.0	V	11.5
2.								
3.								
4.								
5.								

6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
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20.								
21.								
22.								

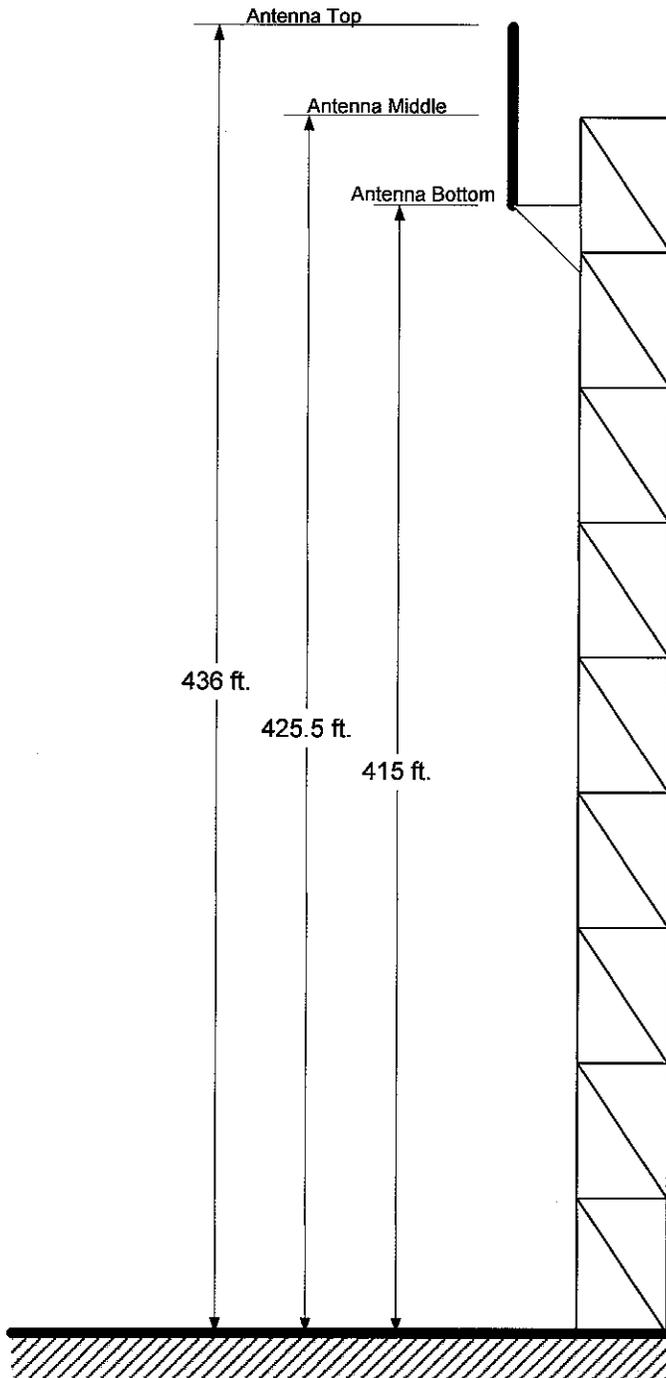
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Frequency Information

28) Action (A/M/D)	29) Location Number	30) Antenna Number	31) Frequency (MHz) New	32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
1. A	1	1	770.281250	FB2	1		100.0	182.0	8K10F1E
2. A	1	1	771.081250	FB2	1		100.0	182.0	8K10F1E
3. A	1	1	772.181250	FB2	1		100.0	182.0	8K10F1E
4. A	1	1	772.506250	FB2	1		100.0	182.0	8K10F1E
5. A	1	1	772.918750	FB2	1		100.0	182.0	8K10F1E
6. A	1	1	774.731250	FB2	1		100.0	182.0	8K10F1E
7. A	1	1	800.281250	MO	600		35.0	35.0	8K10F1W
8. A	1	1	801.081250	MO	600		35.0	35.0	8K10F1W
9. A	1	1	802.181250	MO	600		35.0	35.0	8K10F1W
10. A	1	1	802.506250	MO	600		35.0	35.0	8K10F1W
11. A	1	1	802.918750	MO	600		35.0	35.0	8K10F1W

12.	A	1	1	804.731250	MO	600		35.0	35.0	8K10F1W
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										

EAST TEXAS MEDICAL CENTER
Region 51 Service Area Calculations
System Engineering Exhibit 1A



Antenna:
Mfg: Celwave
Model: SC412-HL2LDF
TX Gain: 11.5 dBd
Beamwidth: 360 Degrees
Azimuth: 0 Degrees

Transmission Line
Mfg: Andrew
Type: LDF6-50A
Length: 455'
Loss/100': 0.76 dB
Total Line Loss: 3.5 dB

Combiner:
Mfg: Powerwave
Model: DA099-CMBN-006
Loss: 4.0 dB

Jumper/Connector:
Loss: 1.4 dB

Transmit Output: 100 Watts

System ERP: 52.6 dBm
182 Watts

Average Elevation:
Ground Level: 246' AMSL

TRINITY (GROVETON) SITE
Latitude: 30 59 56.43
Longitude: 95 8 3.4

Trinity (Groveton) 41 dBu Contour

