

BILL PETERS
CAPITAL RADIUM SECURITY
SONITROL OF J. P.
ANSWER J. P.
AGENT FOR
MID-MO. EMG. ASSOC.

APRIL 1, 1977 DON KRATTL
CONTROL CENTER INC.
SONITROL OF J. P.
ANSWER J. P.
AGENT FOR
MID-MO. EMG. ASSOC.

Applicants Exhibit No. 3
Date 11-21-76 Case No. TA-79-66
Reporter *jj*

1(a) frequencies MHz				1(b) No. of transmitters			1(c) Emission	1(d) Input Power Watts
				Baseband-Fixed	Mobile	Other		
462.675				(1)			20F3	60

1(e) Show No. of mobile units in each of following categories: Land vehicle _____, aircraft _____, hand carried _____, marine _____, paging _____, others 150

2. Location of transmitter(s) at a fixed location: 2 1/2 MI. So. of Courthouse on RT C on left side of road.

City: Jefferson State: Mo.

Latitude: 38 33 01 Longitude: 92 12 20

227 of control point wire-line East Capitol-Jefferson City, Mo.

4. If mobile units, or other class of station at temporary locations, are included in this authorization, show area of operation: 15 MI Radius of Jefferson City, Mo.

5(a) Elevation of ground above ground or sea level of antenna 200 ft. (2) antenna supporting structure 250 ft.

6(a) Elevation of ground above mean sea level of antenna 809

DO NOT WRITE IN THIS BLOCK

Call Sign: K A A 9 6 3 OneW File No. 01296-CA-74

Antenna pointing and lighting specifications: FCC Form 715, para's. 1, 3, 11, 21, & 22

Special Conditions: 1, 3, 11, 21, & 22

This authorization effective: March 29, 1974 and will expire 3:00 AM EST: March 29, 1979

and is subject to further conditions as set forth on reverse side. If the station authorized herein is not placed in operation within eight months this authorization becomes invalid and must be returned to the Commission for cancellation unless an extension of completion date has been authorized.

Vincent J. Gullum
cb Secretary

Class A Citizens

7(a) Name of Radio Service: Class A Citizens

7(b) Class of station: Base ☒ Mobile ☐ Other ☒ Paylog

7(c) Name (SEE INSTRUCTIONS): MID-MISSOURI EMERGENCY ASSOC.

7(d) Mailing address (number, street, city, state & zip code): P. O. Box 1064 Jefferson City, Missouri 65101

**MID-MISSOURI EMERGENCY ASSOCIATION
MEMBERSHIP APPLICATION**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **PH.** _____

Applicant hereby agrees to pay _____ per month membership fee, payable one month in advance, membership may be cancelled upon giving Mid-Missouri Emergency Association thirty (30) days notice. It is fully understood, that no member of Mid-Missouri Emergency Association will be held liable for any indebtedness, liabilities, claims of what-so-ever nature in which Mid-Missouri Emergency Association may now have or later incur.

Applicant's Signature

On this _____ day of _____, 197____, _____
_____, was accepted ~~in~~ the Mid-Missouri
Emergency Association as a member in good standing.

Executive Secretary
Mid-Missouri Emergency Association