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**Federal Communications Commission  
Wireless Telecommunications Bureau**

**RADIO STATION AUTHORIZATION**

LICENSEE: ST. ALBERT THE GREAT MIDDLE SCHOOL

ATTN: TINA JOHNSON  
ST. ALBERT THE GREAT MIDDLE SCHOOL  
823 E COMPTON BLVD  
COMPTON, CA 90220

<b>Call Sign</b> WSCM883	<b>File Number</b>
<b>Radio Service</b> IG - Industrial/Business Pool, Conventional	
<b>Regulatory Status</b> PMRS	
<b>Frequency Coordination Number</b>	

FCC Registration Number (FRN): 0035195759

<b>Grant Date</b> 04-18-2024	<b>Effective Date</b> 04-18-2024	<b>Expiration Date</b> 04-18-2034	<b>Print Date</b>
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**STATION TECHNICAL SPECIFICATIONS**

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

**Loc. 1 Address:** 823 E Compton Blvd  
**City:** Compton **County:** LOS ANGELES **State:** CA  
**Lat (NAD83):** 33-53-44.0 N **Long (NAD83):** 118-15-42.0 W **ASR No.:** **Ground Elev:** 30.2

**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	000462.90000000	FB	1	95	11K2F1D	25.000	25.000	2.0	2.2	04-18-2025

**Control Points**

**Control Pt. No. 1**

**Address:** 823 E Compton Blvd  
**City:** Compton **County:** LOS ANGELES **State:** CA **Telephone Number:** (310)515-3891

**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. ALBERT THE GREAT MIDDLE SCHOOL

**Call Sign:** WSCM883

**File Number:**

**Print Date:**

<NA>

**Waivers/Conditions:**

NONE

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