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

## RADIO STATION AUTHORIZATION

LICENSEE: HOAG MEMORIAL HOSPITAL PRESBYTERIAN

ATTN: MONICA DANG

HOAG MEMORIAL HOSPITAL PRESBYTERIAN

ONE HOAG DR. PO BOX 6100

NEW PORT BEACH, CA 92658-6100

<b>Call Sign</b> WRPJ723	File Number						
Radio Service PW - Public Safety Pool, Conventional							
<b>Regulatory Status</b> PMRS							
Frequency Coord	dination Number						

FCC Registration Number (FRN): 0020071981

<b>Grant Date</b>	Effective Date	<b>Expiration Date</b>	Print Date
02-14-2022	02-14-2022	02-14-2032	

## STATION TECHNICAL SPECIFICATIONS

## Fixed Location Address or Mobile Area of Operation

Loc. 1 Address: ONE HOAG DR

> State: CA City: NEWPORT BEACH **County: ORANGE**

Lat (NAD83): 33-37-28.5 N Long (NAD83): 117-55-45.1 W ASR No.: Ground Elev: 24.0

#### **Antennas**

		t Frequencies . (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	-				Construct Deadline
							(watts)		meters	meters	Date
1	1	000155.28000000	FB	2		11K2F3E	40.000	40.000	52.0	57.7	02-14-2023
1	1	000155.40000000	FB	1		11K2F3E	40.000	40.000	52.0	57.7	02-14-2023

## **Control Points**

Control Pt. No. 1

Address: ONE HOAG DR

City: NEWPORT BEACH County: ORANGE State: CA **Telephone Number:** (949)764-8030

## **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: HOAG MEMORIAL HOSPITAL

Call Sign: WRPJ723 File Number: Print Date:

<NA>

Waivers/Conditions:

NONE