

REFERENCE COPY

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**Federal Communications Commission
Wireless Telecommunications Bureau**

RADIO STATION AUTHORIZATION

LICENSEE: AVIATION SPECTRUM RESOURCES INC

ATTN: FREQUENCY MANAGEMENT
AVIATION SPECTRUM RESOURCES INC
180 ADMIRAL COCHRANE DRIVE
ANNAPOLIS, MD 21401

Call Sign WFI2	File Number 0009066698	
Radio Service AF - Aeronautical and Fixed		
Station Class FA		
Coast Id	Sel Call	Aviation Id

FCC Registration Number (FRN): 0013756952

Grant Date 04-20-2016	Effective Date 06-30-2020	Expiration Date 04-12-2026	Print Date 07-01-2020
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STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

Loc. 1 Address: LONG BEACH DAUGHERTY FIELD
City: LONG BEACH **County:** LOS ANGELES **State:** CA
Lat (NAD83): 33-49-05.2 N **Long (NAD83):** 118-08-40.9 W **ASR No.:** **Ground Elev:** 12.1
No. of units:

Antennas

Loc No.	Ant No.	Frequencies (MHz)	Emission Designator	Output Power (watts)	Hours of Operation	Ant. Ht./Tp meters	Construct Deadline Date
1	1	000136.97500000	14K0A2D	25.000		15.2	
1	1	000131.55000000	13K0A2D	25.000		15.2	
1	1	000136.60000000	14K0G1D	25.000		15.2	
1	1	000136.70000000	14K0G1D	25.000		15.2	

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: AVIATION SPECTRUM RESOURCES INC

Call Sign: WFI2

File Number: 0009066698

Print Date: 07-01-2020

Control Points

Control Pt. No. 1

Address: 2551 RIVA RD

City: ANNAPOLIS **County:** **State:** MD **Telephone Number:**

Associated Call Signs

Waivers/Conditions:

NONE