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

**RADIO STATION AUTHORIZATION**

LICENSEE: CENTURY CITY HOSPITAL

ATTN: RANDLE CHALMES  
CENTURY CITY HOSPITAL  
2070 CENTURY PARK EAST  
LOS ANGELES, CA 90067

<b>Call Sign</b> WNQO864	<b>File Number</b>
<b>Radio Service</b> PW - Public Safety Pool, Conventional	
<b>Regulatory Status</b> PMRS	
<b>Frequency Coordination Number</b>	

FCC Registration Number (FRN): 0007218472

<b>Grant Date</b> 05-23-2000	<b>Effective Date</b> 10-22-2002	<b>Expiration Date</b> 04-26-2005	<b>Print Date</b>
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**STATION TECHNICAL SPECIFICATIONS**

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

**Loc. 1 Address:** 2070 CENTURY PARK E  
**City:** LOS ANGELES    **County:** LOS ANGELES    **State:** CA  
**Lat (NAD83):** 34-03-33.0 N    **Long (NAD83):** 118-24-43.3 W    **ASR No.:** N/A    **Ground Elev:** 88.0

**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	000155.3400000	FB	1		20K0F3E	100.000	100.000	2.0		

**Control Points**

**Control Pt. No. 1**

**Address:** 2070 CENTURY PARK E  
**City:** LOS ANGELES    **County:**    **State:** CA    **Telephone Number:** (213)553-6211

**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:** CENTURY CITY HOSPITAL

**Call Sign:** WNQO864

**File Number:**

**Print Date:**

<NA>

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**Waivers/Conditions:**

NONE

Referenced Copy