

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0006610273** File Number: **0000122813** Submit Date: **09/29/2020** Call Sign: **WTJX-TV** Facility ID: **70287** 

City: CHARLOTTE AMALIE State: VI

Service: Full Service Television | Purpose: EEO Report | Status: Received | Status Date: 09/29/2020 | Filing Status:

**Active** 

## General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

### Licensee Information

#### **Licensee Name, Type and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
VIRGIN ISLANDS PUBLIC	TANYA-MARIE SINGH	+1 (340)	tsingh@wtjx.	GOE
BROADCASTING SYSTEM	PO Box 7879 CHARLOTTE AMALIE, ST. THOMAS, VI 00801 United States	774-6255	org	

#### Contact Representatives

<b>Contact Name</b>	Address	Phone	Email	Contact Type
Brad Deutsch Attorney Foster Garvey PC	1000 Potomac Street, NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-1793	brad.deutsch@foster.com	Legal Representative

## **Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
184714	WTJX-FM	CHARLOTTE AMALIE	VI	No
70287	WTJX-TV	CHARLOTTE AMALIE	VI	No

### Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

#### Additional Program Report Questions

#### **Responsibility for Implementation**

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
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### Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C. F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	09/29 /2020
Certified Title	Chief Executive Officer
Authorized Party Name	Tanya- Marie Singh

### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
Virgin Islands Public Broadcasting System 2018-2019 Annual EEO Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
Virgin Islands Public Broadcasting System 2019-2020 Annual EEO Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
Virgin Islands Public Broadcasting System September 2020 EEO Narrative.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion