

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0003867371** | File Number: **0000073726** | Submit Date: **05/30/2019** | Call Sign: **WAYZ** | Facility ID: **25827** | City: **HAGERSTOWN** | State: **MD**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/30/2019** | Filing Status: **Active**

## General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	WAYZ EEO Program Report for 2019 Renewal
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>HJV LIMITED PARTNERSHIP</b> Doing Business As: HJV LIMITED PARTNERSHIP	6900 ARMAT DRIVE BETHESDA, MD 20817 United States	+1 (301) 469-6349	JDV@VERSTANDIG.COM	LIP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Nancy A Ory Member Lerman Senter PLLC	2001 L Street, NW, Suite 400 Washington, DC 20036 United States	+1 (202) 416-6791	NORY@LERMANSENTER.COM	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
27402	WCBG	WAYNESBORO	PA	No
39495	WNUZ	MERCERSBURG	PA	No
25827	WAYZ	HAGERSTOWN	MD	No
27401	WBHB-FM	WAYNESBORO	PA	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
Avery Mason	Comptroller

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	05/30/2019
Certified Title	PRESIDENT, HJV CORPORATION, GENERAL PARTNER
Authorized Party Name	John VerStandig

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">EEO Narrative Statement.pdf</a>	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion
<a href="#">WAYZ 2017-2018 EEO PFR.pdf</a>	Applicant	EEO Public File Report	HJV 2017-2018 Report	Done with Virus Scan and/or Conversion
<a href="#">WAYZ 2018-2019 EEO PFR.pdf</a>	Applicant	EEO Public File Report	HJV 2018-2019 Report	Done with Virus Scan and/or Conversion