

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0010154573** | File Number: **0000074349** | Submit Date: **06/03/2019** | Call Sign: **WKDV** | Facility ID: **8672** | City: **MANASSAS** | State: **VA**  
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **06/03/2019** | 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.	Metro Radio EEO 396 Report
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
<b>METRO RADIO, INC.</b> Doing Business As: METRO RADIO, INC.	11240 WAPLES MILL RD SUITE 405 FAIRFAX, VA 22030 United States	+1 (703) 659-0406	dave@metroradioinc.com	COR

**Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
Scott Woodworth Edinger Associates PLLC	1725 I Street, NW Suite 300 Washington, DC 20006 United States	+1 (202) 747-1694	swoodworth@edingerlaw.net	Legal Representative

**Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
70036	WTNT	ALEXANDRIA	VA	No
8672	WKDV	MANASSAS	VA	No
68205	WCST	BERKELEY SPRINGS	WV	No
68204	WXDC	BERKELEY SPRINGS	WV	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?	Yes
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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	06/03 /2019
Certified Title	Officer
Authorized Party Name	David Houston

Attachments

No Attachments.