

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0017029034
 File Number:
 0000140886
 Submit Date:
 03/24/2021
 Call Sign:
 DKWTR
 Facility ID:
 175794

 City:
 ELDORADO
 State:
 TX

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 03/24/2021
 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.	KWTR 396 2021 LICENSE RENEWAL
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
THE CENTER FOR EDUCATION NONPROFIT CORP. Doing Business As: THE CENTER FOR EDUCATION NONPROFIT CORP.	800 WEST AIRPORT FREEWAY SUITE 800, LB 605 IRVING, TX 75062 United States	+1 (972) 554-0929	PCL880@aim. com	NFP

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	CRAIG LAIRD , ESQ . ASHLEY & LAIRD, LC	800 WEST AIRPORT FW SUITE 880, LB 6015 IRVING, TX 75062 United States	Y +1 (972) 554-0929	PCL880@AIM.COM	Legal Representative
	JIM BOB MEASURES CONSULTANT JIM BOB MEASURES	P.O. BOX 304 SPRINGTOWN, TX 7608 United States	+1 (817) 523-7591 2	jimbob@nxlink.com	Technical Representative
Common Stations	Facility Identifier	Call Sign City	State	e Time Brokerage	e Agreement
	175794		DORADO TX	No	
	176097	KOPE ELI	OORADO TX	No	
Program Report Questions	Section	Question		R	esponse
	Discrimination Compl	this license term b jurisdiction under f	or resolved complaints l efore any body having c ederal, state, territorial c iscrimination in the emp	ompetent or local law,	Νο

of the station(s)?

	Full-time Employees Does your station employment unit employ fewer than full-time employees? Consider as "full-time" employee those permanently working 30 or more hours a week?		
Certification	Question		
	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	03/24/20	
	Certified Title	DIRECT	
	Authorized Party Name	CRAIG LAIRD , ESQ	

Attachments

No Attachments.