

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0002017572
 File Number:
 0000073745
 Submit Date:
 05/30/2019
 Call Sign:
 WVPM
 Facility ID:
 70645
 City:

 MORGANTOWN
 State:
 WV
 State:
 WV
 Facility ID:
 70645
 City:

 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.	WVPM Schedule 396 EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant Type
ast. NFP

Contact	Contact Name		Addres	s	Phone		Emai	il		Contact Type
Representatives	Tom W. Davidson Akin, Gump, Strauss, Hauer Feld, LLP	r &	2001 K	/. Davidson (Street N.W. ngton, DC States	+1 (202) 88 4011	7-	tdavi com	dson@aking	ump.	Legal Representative
	Ryan C. Wilhour Consulting Engineer Kessler and Gehman Associates, Inc.		507 NV SUITE	SVILLE, FL	+1 (352) 332 3157	2-	ryan com	@kesslerand	lgehman.	Technical Representative
Common	Facility Identifier	Call Si	ign	City		Stat	te	Time Broke	erage Agr	eement
Stations	70645	WVPN	Л	MORGANTC	DWN	WV	/	No		
Program Report Questions	Section	Qu	estion						Respons	Se
	Discrimination Complaints	thi jui all	is license risdiction	pending or reso e term before a under federal, nlawful discrimi on(s)?	ny body havin state, territori	g con al or l	npete local l	nt law,	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				
Certification	Question	Question					
	trustee, authorized employe on behalf of the party filing the F.R. Section 1.23(a), who is or she has read the docume ground to support it; and the	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		Executi Director				
	Authorized Party Name	Authorized Party Name					

Attachments

No Attachments.