

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0003770658
 File Number:
 0000145271
 Submit Date:
 05/13/2021
 Call Sign:
 KKTS-FM
 Facility ID:
 17411

 City:
 DOUGLAS
 State:
 WY

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 05/13/2021
 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.	EEO Schedule 396
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
DOUGLAS BROADCASTING, INC Doing Business As: DOUGLAS BROADCASTING, INC	DENNIS SWITZER 247 N. RUSSELL AVENUE DOUGLAS, WY 82633 United States	+1 (307) 358- 3636	KKTY@KKTYONLINE. COM	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	DENNIS SWITZER PRESIDENT DOUGLAS BROADCASTING, INC	DENNIS SWITZER 247 N. RUSSELL AVENUE DOUGLAS, WY 82633 United States	+1 (307) 358- 3636	KKTY@KKTYONLINE. COM	OWNER /MANAGER

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
150119	K297AV	CASPER	WY	No
161152	KKTS	EVANSVILLE	WY	No
88501	KKTY-FM	GLENDO	WY	No
38387	ККТҮ	DOUGLAS	WY	No
154877	K227BU	DOUGLAS	WY	No
17411	KKTS-FM	DOUGLAS	WY	No

Section

	Discrimination Complaints	<b>Discrimination Complaints</b> 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)?			
	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				
	partner, trustee, authorized en authorized to sign on behalf of Commission under 47 C.F.R. S who further certifies that he or	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				
	Certified Title				
	Authorized Party Name			DENNIS	

SWITZER

Attachments

No Attachments.