Broadcast Equal Employment Opportunity Program Report

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

Licensee Information

Licensee Name, Type and Contact Information

Applicant | Address | Phone | Email | Applicant Type
---|---|---|---|---
MISSISSIPPI STATE UNIVERSITY | Anthony Craven 295 Tracy Drive Mississippi State, MS 39762 United States | +1 (662) 325-8481 | acraven@wmsv.msstate.edu | Company
Doing Business As: MISSISSIPPI STATE UNIVERSITY

Contact Representatives

Contact Name | Address | Phone | Email | Contact Type
---|---|---|---|---
Anthony Craven General Manager MISSISSIPPI STATE UNIVERSITY | Anthony Craven 295 Tracy Drive Mississippi State, MS 39762 United States | +1 (662) 325-8481 | acraven@wmsv.msstate.edu | General Manager

Common Stations

Facility Identifier | Call Sign | City | State | Time Brokerage Agreement
---|---|---|---|---
43173 | WMSV | STARKVILLE | MS | No

Program Report Questions

Section | Question | Response
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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

Certification

Question | Response
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(REFERENCE COPY - Not for submission)
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.

<table>
<thead>
<tr>
<th>Certified Date</th>
<th>01/27/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Title</td>
<td>General Manager</td>
</tr>
<tr>
<td>Authorized Party Name</td>
<td>Anthony Craven</td>
</tr>
</tbody>
</table>

No Attachments.