

**BROADCAST EQUAL EMPLOYMENT OPPORTUNITY  
 MODEL PROGRAM REPORT**

Legal Name of the Applicant <b>WKVM-AM TRUST</b>		
Mailing Address <b>PO BOX 9021967</b>		
City <b>SAN JUAN</b>	State or Country (if foreign address) <b>PR</b>	ZIP Code <b>00902-1967</b>
Telephone Number (include area code) <b>(787) 300-4980</b>	E-Mail Address (if available) <b>acorales@radioorofm.com</b>	
Facility ID Number <b>8096</b>	Call Sign <b>WKVM-AM</b>	

Application for Construction Permit for New Station       Application for Assignment of License

Application for Transfer of Control

a. Service Type:     AM     FM     TV     Other (specify) \_\_\_\_\_

b. Community of License:    

City <b>SAN JUAN</b>	State <b>PR</b>
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**INSTRUCTIONS**


Applicants seeking authority to construct a new commercial, noncommercial or international broadcast station, applicants seeking authority to obtain assignment of the construction permit or license of such a station, and applicants seeking authority to acquire control of an entity holding such construction permit or license are required to afford equal employment opportunity to all qualified persons and to refrain from discrimination in employment and related benefits on the basis of race, color, religion, national origin or sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, an applicant who proposes to employ five or more full-time employees must establish a program designed to assure equal employment opportunity. This is submitted to the Commission as the Model EEO Program. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

**Guidelines for a Model EEO Program and a Model EEO Program are attached.**

NOTE: Check appropriate box, sign the certification below and return to FCC:

- Station employment unit will employ fewer than 5 full-time employees; therefore no written program is being submitted.
- Station employment unit will employ 5 or more full-time employees. Our Model EEO Program is attached. (You must

I certify that the statements made herein are true, complete, and correct to the best of my knowledge and belief, and are made in

Signed 	Name of Respondent <b>Alan Corales Valle</b>
Title <b>General Manager</b>	Date <b>9/28/2022</b>

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).