

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0010349694File Number: 0000186645Submit Date: 03/14/2022Call Sign: WMWMFacility ID: 58636City:SALEMState: MAService: Full Power FMPurpose: EEO ReportStatus: SubmittedStatus Date: 03/14/2022Filing 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
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SALEM STATE COLLEGE BOARD OF	Justin Snow	+1 (978)	justin.	PNE
TRUSTEES	352 Lafayette St,	542-6477	snow2@salemstate.	
Doing Business As: SALEM STATE COLLEGE	Salem, MA 01970		edu	
BOARD OF TRUSTEES	SALEM, MA 01970			

United States

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Shawn Provencher Technician S AND P Technologies	Shawn M Provencher 205 Highland Ave Apt 3101 SALEM, MA 01970	+1 (978) 210- 0869	shawn.provencher@gmail. com	Technical Representative
		United States			

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	58636	WMWM	SALEM	MA	No

Program Report Questions

Section	Question	Response
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?	No

Program Report Questions	A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:				
	Name Title				
	Justin Snow				
Certification	Question	Response			
	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	Technician			
	Authorized Party Name				

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
publicfile2.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
public file.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
WMWM Salem EEO Statement. doc	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion

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