

ANY INQUIRIES CONCERNING THIS FILING MAY BE REFERRED TO BLOOSTON, MORDKOFKY, DICKENS, DUFFY & PRENDERGAST, LLP 2120 L STREET, N.W. WASHINGTON, D.C. 20037 (202) 659-0830

FCC 395

FEDERAL COMMUNICATIONS COMMISSION  
Washington, DC 20554

Approved by OMB  
3060-0076  
Est. time per response:  
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION I - General Information

1. Name and Mailing Address of Respondent  
PVT Networks, Inc.  
4011 W. Main  
Artesia, NM 88210

☐ Check here if this is a change of address.

2. Year Report Filed  
2018

3. Reporting Period (Ending Date of Pay Period Covered by Report)  
15 Mar 2018

4. Number of Full-Time Employees during Selected Reporting Period (check one):  
a. ☐ Fewer than 16 (complete Sections I, IV, and V only)  
b. ☒ 16 or more (complete all sections)

SECTION II - Full-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)															Total Columns A - N
		Race/Ethnicity															
		Hispanic or Latino		Not-Hispanic or Latino													
				Female													
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
Executive/Senior Level Officials and Managers		1.1														0	
First/Mid-Level Officials and Managers		1.2		1												1	
Professionals		2	1													1	
Technicians		3														0	
Sales Workers		4	2	1						4						7	
Administrative Support Workers		5								1						1	
Craft Workers		6		1												1	
Operatives		7														0	
Laborers and Helpers		8	5	9												14	
Service Workers		9														0	
TOTAL		10	8	1	0	0	0	0	0	5	0	0	0	0	0	25	
PREVIOUS YEAR TOTAL		11	5	2	0	0	0	0	0	6	0	0	0	0	0	21	

## SECTION III - Part-Time Employees.


Job Categories	Number of Employees (Report employees in only one category)														Total Columns A - N
	Race/Ethnicity							Not-Hispanic or Latino							
	Hispanic or Latino		Male					Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Executive/Senior Level Officials and Managers 1.1															0
First/Mid-Level Officials and Managers 1.2															0
Professionals 2			1												0
Technicians 3															1
Sales Workers 4									1						0
Administrative Support Workers 5															1
Craft Workers 6															0
Operatives 7															0
Laborers and Helpers 8			1												1
Service Workers 9															0
TOTAL 10	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
PREVIOUS YEAR TOTAL 11	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1

## SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

- ☒ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.
- ☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

## SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	05/15/2018	Typed or Printed Name of Person Signing	Jennifer E. Fields	Signature		Telephone No.	(575) 748-1241
Title of Person Signing				Payroll and Benefits Administrator			
WILL FULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).							