

ANY INQUIRIES CONCERNING THIS

FCC 395

FILING MAY BE REFERRED TO  
BLOOSTON, MORDKOFKY, DICKENS,  
DUFFY & PRENDERGAST, LLP  
2120 L STREET, N.W.  
WASHINGTON, D.C. 20037

FEDERAL COMMUNICATIONS COMMISSION  
Washington, DC 20554

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

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

(202) 659-0830

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

SECTION I - General Information

1. Name and Mailing Address of Respondent

Com-Nav, Inc.  
12 Acme Rd. Suite 201  
Brewer, ME 04412

2. Year Report Filed

2019

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

1-1 thru 5-13

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)

☐ Check here if this  
is a change of  
address.

SECTION II - Full-Time Employees.

SECTION II - Full-Time Employees.															Number of Employees (Report employees in only one category)															Total Columns A - N				
Job Categories																Race/Ethnicity																		
																Hispanic or Latino				Not-Hispanic or Latino														
																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		1								1								2
First/Mid-Level Officials and Managers																1.2																	0	
Professionals																2																	0	
Technicians																3																		0
Sales Workers																4																		0
Administrative Support Workers																5																		0
Craft Workers																6																		0
Operatives																7																		0
Laborers and Helpers																8																		0
Service Workers																9																		0
TOTAL																10	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
PREVIOUS YEAR TOTAL																11			1						1									2

## SECTION III - Part-Time Employees.

Job Categories	Number of Employees (Report employees in only one category)														Total Columns A - N
	Hispanic or Latino		Race/Ethnicity												
			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	
Executive/Senior Level Officials and Managers	1.1														0
First/Mid-Level Officials and Managers	1.2														0
Professionals	2														0
Technicians	3														0
Sales Workers	4														0
Administrative Support Workers	5														0
Craft Workers	6														0
Operatives	7														0
Laborers and Helpers	8														0
Service Workers	9														0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11														0

## 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

05/14/2019

Typed or Printed Name of Person Signing

Matthew Tilley

Signature



Telephone No.

(207) 989-5600

Title of Person Signing

President

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).