

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 MAP Communications, Inc. 840 Greenbrier Cir Ste 202 Chesapeake, VA 23320	3. Reporting Period (Ending Date of Pay Period Covered by Report) <div style="border: 1px solid black; padding: 2px; display: inline-block;">3/8/19</div>	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. <input type="checkbox"/> Fewer than 16 (complete Sections I, IV, and V only) b. <input checked="" type="checkbox"/> 16 or more (complete all sections)	<input type="checkbox"/> Check here if this is a change of address.
SECTION II - Full-Time Employees.					

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Job Categories		Number of Employees (Report employees in only one category)																
		Race/Ethnicity																
		Hispanic or Latino		Male								Not-Hispanic or Latino						Total Columns A - N
				Female				Male				Female				Male		
		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	0	4	0	2	0	0	2	0	0	0	0	0	8		
	First/Mid-Level Officials and Managers	1.2	5	0	6	0	0	0	0	25	9	0	2	0	2	49		
	Professionals	2	0	0	10	1	0	0	0	0	0	0	0	1	0	12		
	Technicians	3	0	0	2	0	0	0	1	1	0	0	0	0	0	4		
	Sales Workers	4	1	0	6	0	0	0	0	4	2	0	0	0	0	13		
	Administrative Support Workers	5	29	102	63	22	0	1	0	2	167	2	15	10	19	714		
	Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	TOTAL	10	35	102	91	23	0	3	0	314	178	2	17	11	21	800		
	PREVIOUS YEAR TOTAL	11	44	90	81	29	0	1	0	3	186	2	14	8	11	725		

SECTION III - Part-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)															Total Columns A - N
		Race/Ethnicity															
		Hispanic or Latino		Male								Not-Hispanic or Latino					
				Male				Female				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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	1.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Professionals	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	5	12	40	9	10	0	1	0	2	65	72	0	3	1	7	222	
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	10	12	40	9	10	0	1	0	2	65	72	0	3	1	7	222	
PREVIOUS YEAR TOTAL	11	10	19	4	3	0	5	0	1	26	48	0	6	1	5	128	

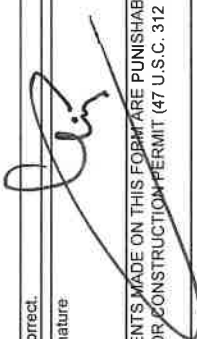
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

☒ 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	05/17/2019	Typed or Printed Name of Person Signing	Signature	Telephone No.
		Grant Sibley		(757) 424-1191
Title of Person Signing	WILLFULLY 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).			
	CFO			