



ALASKA POWER & TELEPHONE COMPANY

193 OTTO STREET | PO BOX 3222

PORT TOWNSEND, WA 98368

PHONE: (800) 982-0136 | FAX: (360) 385-5177

May 30, 2019

Federal Communications Commission
Wireline Competition Bureau
Industry Analysis and Technology Division
Washington, DC 20554

ATTN: Wireline Competition Bureau
Industry Analysis and Technology Division

Re: Form 395-WC Docket No. 16-233
AP&T Wireless, Inc.

To Whom It May Concern,

On behalf of the above referenced company, I submit the attached Common Carrier Annual Employment Report FCC Form 395 for 2019. This company has fewer than 16 employees and has had no equal employment complaints pending or filed against them.

Sincerely,

Steven J. Kramer
Senior Director of Regulatory Affairs
AP&T Wireless, Inc.
P.O. Box 3222
Port Townsend WA 98368
Phone: (907) 864-3211
Fax: (907) 864-0663
Email: steve.k@aptalaska.com

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554Approved 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

AP&T Wireless, Inc.
P.O. Box 3222
Port Townsend, WA☐ Check here if this
is a change of
address.

2. Year Report Filed

2019

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

3/24/2019

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		Male								Not-Hispanic or Latino								
			Female																
	Male	Female	White	Black or African American	Native Hawallian 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														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	0			
PREVIOUS YEAR TOTAL	11														0				

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		Not-Hispanic or Latino										Female			
				Male					Two or more races								
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													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	05/30/2019	Typed or Printed Name of Person Signing	Mrsy Jo Quandt	Signature	<i>Mrsy Jo Quandt</i>	Telephone No.	(800) 982-0136
Title of Person Signing		Vice President/Chief Customer Officer					

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).