



EEO Form 396-C
File No.: CB20001665
Filing Status: **Ready for Review**
4265

Amend

Print

Reference Copy
OMB Control No.
3060-1033

General Information

FCC Registration Number (FRN)

0004056602

Filing Year

2022

Employment Unit ID (EUID)

4265

Section I - Identifying Information

Has the identifying information associated with this EUID changed?

No

Operator Legal Name

BEE LINE, INC.

Operator Address 1

Box 2276

Operator City

SKOWHEGAN

Operator state

ME

Operator Zip Code

04976

State of Employment Office

ME

County of Employment Office

Somerset

Application Purpose
New Program Report

Supplemental Investigation Sheet (SIS) Required
true

Category of Respondent
Six (6) or more full-time employees during the selected reporting period

Reporting Period Start Date
2022-09-05

Reporting Period End Date
2022-09-11

Section II - Community Information

Section III - EEO Policy and Program Requirements

Complied with outreach provisions
Yes

Disseminated widely EEO Program
Yes

Contacted multiple sources of applicants
Yes

Offered promotions in nondiscriminatory manner
Yes

Sought out entrepreneurs in a nondiscriminatory manner
Yes

Analyzed the results of efforts to recruit hire promote and use services
Yes

Defined responsibility of management
Yes

Conducted continuing program to exclude prejudice
Yes

Conducted continuing review of job structure
Yes

Section IV - Additional Information

FCC FORM 396-C -- Supplemental Investigation Sheet PART I - PART I - Employee Job Descriptions

Exhibit Employee Job Descriptions
2022 396C SIS Part I.pdf

PART II - Inquiries Concerning EEO Program and Practices

SIS Question 1
2022 396C SIS Section V Part II Q 1.pdf

SIS Question 8
2022 396C Section V Part II Q 8.pdf

PART III - EEO Public File Report

EEO Public File Report for Previous Year

EEO - 9-30-2022.pdf

Exhibits

Exhibit Employee Job Descriptions

2022 396C SIS Part I.pdf

EEO Public File Report for Previous Year

EEO - 9-30-2022.pdf

SIS Question 1

2022 396C SIS Section V Part II Q 1.pdf

SIS Question 7

2022 396C Section V Part II Q7.pdf

SIS Question 8

2022 396C Section V Part II Q 8.pdf

Certifications

I certify that to the best of my knowledge, information and belief, all statements contained in this filing are true and correct. WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Certifier Information

Certifying Official Name and Signature

George Allen

Certifying Official Title

General Manager/Vice President

Certifying Official Phone

207-474-2727

Certifying Official Email

gallen@beeline-online.net

Certifying Date Signed

2022-09-27