

**ORGANIZATIONS REQUESTING NOTIFICATION
OF JOB OPENINGS**

1. Name of Organization: _____ Contact Name _____

Phone: _____ Fax: _____ E-mail address _____

Address: _____

Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____

All Jobs Specific Jobs (indicate which) _____

2. Name of Organization: _____ Contact Name _____

Phone: _____ Fax: _____ E-mail address _____

Address: _____

Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____

All Jobs Specific Jobs (indicate which) _____

3. Name of Organization: _____ Contact Name _____

Phone: _____ Fax: _____ E-mail address _____

Address: _____

Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____

All Jobs Specific Jobs (indicate which) _____

4. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____

5. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____

6. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____

Attach dated copies of notices provided to organizations each time there is a station job vacancy (letters, e-mails, faxes, etc). Keep in station files (not public file) for FCC inspection, if requested.

ORGANIZATIONS REQUESTING INFORMATION CONTINUED

7. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____
8. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____
9. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____

10. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____

11. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____

12. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____

13. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____

14. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____

15. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____

16. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____

17. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____

18. Name of Organization: _____ Contact Name _____
Phone: _____ Fax: _____ E-mail address _____
Address: _____
Type of Notifications Requested: _____ Date Requested _____ Date Requested To Cease _____
 All Jobs Specific Jobs (indicate which) _____