



New York State Registered Apprenticeship Training Program Sponsor Information Sheet and Instructions

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

- A. Sponsor name: Fiber Instrument Sales, Inc
B. Trade(s): Calibration Technician (Fiber Optic)
C. Type of Apprenticeship Training Program (check one):
1. [X] Individual Non-Joint 2. [] Individual Joint 3. [] Group Non-Joint* 4. [] Group Joint (JAC/JATC)*
*For sponsors of group programs only (3 and 4) - See instructions for signatory list submission information.
D. Name of entity completing this form: Fiber Instrument Sales, Inc
E. Entity completing this form (check one):
[X] Individual Employer/Sponsor [] Union [] JAC/JATC [] Association
[] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: 161 Clear Road
City/Town: Oriskany State: NY Zip Code: 13424
G. Email: mcushman@fisales.com H. Phone: 315-736-2206 I. Fax: 315-736-2285
J. Federal Employer Identification Number (FEIN): [Redacted]
K. NYS Unemployment Insurance Employer Registration (ER) Number: [Redacted]
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? [X] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[X] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 35 yrs (NYS Corp Since 1988)
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] No
If 'Yes', provide attachments as noted in the instructions.
P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? [] Yes [X] No
If 'Yes', provide attachments as noted in the instructions.

NYS Department of Labor Apprentice Training

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Section II

Complete all questions, (1 - 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

- 1. Any conviction for a crime under state or federal law? [] Yes [X] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [X] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [X] No

Central Office

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?..... Yes No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... Yes No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... Yes No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... Yes No
b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat?..... Yes No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?..... Yes No
b. If 'Yes', was the violation determined to be willful?..... Yes No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?..... Yes No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) **other than those covered above**?..... Yes No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III

Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Susan Grabner 1/27/2020
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Susan Grabner, Executive VP, CFO

Sworn to me this: 27th day of Jan. 2020 Sandra L. Menard
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only
Field - Receipt Date Stamp

NYS Department of Labor
Apprentice Training
MAR 05 2020
Central Office

SANDRA L. MENARD
NOTARY PUBLIC, #01ME5019513
State of New York
Qualified in Oneida County
My Commission Expires 10/25/21



Apprentice Training Program Registration Agreement

Revision

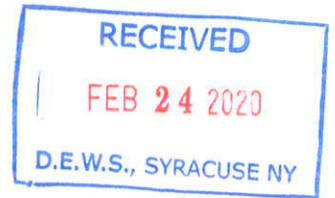
Nature of Change: New Trade
New Program

Table with 3 rows: State Use Only, AT Sponsor No., ATP Code, Effective Date of AT Program

- 1. Name of Sponsor: Fiber Instrument Sales Inc.
2. Mailing Address: 161 Clear Road Oriskany NY 13424 Oneida
3. Actual Address: 161 Clear Road Oriskany NY 13424 Oneida
4. Telephone No.: 1-800-500-0347 Ext. Fax No.: (315) 736-2285
5. E-mail Address: mcushman@fissales.com
6. Trade/Occupation: Calibration Technician (Fiber Optic)
7. No. Employees: 240 No. Apprentices: 2 No. Journeyworkers: 8 8. Ratio: 1:1
9. DOT Code: 10. Length of Program: 48 months
11. Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$16.82 per hr 14. Effective Date of Wages: 03/01/2020

15. Apprentice wage progression for each period – in months (M) or hours (H)

Table with 10 columns (1-10) and 3 rows (M/H checkboxes, 6mos checkboxes, wage rates)



16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.

17. Signature of Official Sponsor Representative Date 02/20/20 Signature of Union Representative Date
Mark I. Cushman VP Org. Dev. Print Name and Title

19. Signature New York State Department of Labor Date

NYS Department of Labor
Apprentice Training

MAR 05 2020

Central Office



Apprenticeship Agreement

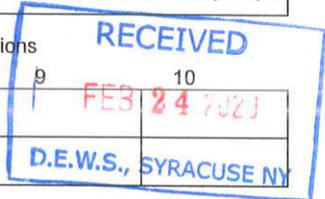
I. Apprenticeship Agreement Central Office

Sponsor No. _____ ATP Code _____

Name of Apprentice (Last, First, M.I.) Linzaw, Jonathon	1. Name of Program Sponsor Fiber Instrument Sales Inc.	
	Physical address of Program Sponsor (no. and street) 161 Clear Road	
	City County State Zip code Oriskany Oneida NY 13424	
	Mailing address of Program Sponsor (no. and street) 161 Clear Road	
	City County State Zip code Oriskany Oneida NY 13424	
	2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Calibration Tech. (Fiber Optic)	
3. Start Date 03/01/20	4. Length of program (Months) 48	5. DOL Apprentice Probation Period for Completion Rates (Months) 12
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) MVCC, Fiber Instrument Sales (Oriskany)	RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate 16.82
8. Credit for previous training or experience: Months 12 Points 2 Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): Fiber Instrument Sales - Fiber Assembly Dept.		

9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
6 mos	6mos								
11.80	12.30	12.80	13.30	13.80	14.55	15.05	15.80		



The Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.

Signature of Apprentice and Parent/Guardian if age 16-17: _____ Date: **2/20/20**
 Signature of Official Sponsor Representative: _____ Date: **02/20/20**

Registered by the New York State Department of Labor:

State Use Only	
Date	Init.
To ATC	_____
To DLEA	_____
Rank Verify	_____
Data Entry	_____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one: Completed Worksite Training Terminated for Cause (Explain in Comments) Quit Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____
 Comments _____

State Use Only	
Date	Init.
To ATC	_____
To DLEA	_____
Data Entry	_____

Signature of Official Sponsor Representative _____ Date _____ Print Name _____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

State Use Only	
Date	Init.
To ATC	_____
To DLEA	_____
Data Entry	_____

Signature of DLEA Representative _____ Date _____ Print Name _____



Apprenticeship Agreement

I. Apprenticeship Agreement **Central Office**

Sponsor No. _____ ATP Code _____

Name of Apprentice (Last, First, M.I.) Muskic, Selmir		1. Name of Program Sponsor Fiber Instrument Sales Inc.			
[Redacted]		Physical address of Program Sponsor (no. and street) 161 Clear Road			
		City	County	State	Zip code
		Oriskany	Oneida	NY	13424
		Mailing address of Program Sponsor (no. and street) 161 Clear Road		City	County
		Oriskany	Oneida	NY	13424
		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Calibration Tech. (Fiber Optic)			
3. Start Date 03/01/20	4. Length of program (Months) 48	5. DOL Apprentice Probation Period for Completion Rates (Months) 12			
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) MVCC, Fiber Instrument Sales (Oriskany)		RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate 16.82/hr		
8. Credit for previous training or experience: Months 12 Points 2 Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): Fiber Instrument Sales (Logistics & Cal Lab)					

9. Apprenticeship Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
6mos	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED FEB 24 2020 D.E.W.S., SYRACUSE NY </div>								
11.80	12.30	12.80	13.30	13.80	14.55	15.05	15.80		

The Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.

Selmir Muskic 02/20/20 *[Signature]* 02/20/20
 Signature of Apprentice and Parent/Guardian if age 16-17 Date Signature of Official Sponsor Representative Date

Registered by the New York State Department of Labor:

 Signature New York State Department of Labor Date

State Use Only	
Date	Init.
To ATC	_____
To DLEA	_____
Rank Verify	_____
Data Entry	_____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one: Completed Worksite Training Terminated for Cause (Explain in Comments) Quit Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

 Signature of Official Sponsor Representative Date Print Name

State Use Only	
Date	Init.
To ATC	_____
To DLEA	_____
Data Entry	_____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

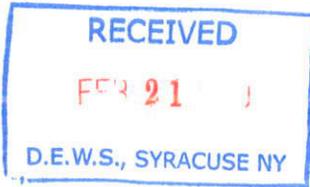
III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____

Apprentice has not satisfied the RI requirements.

 Signature of DLEA Representative Date Print Name

State Use Only	
Date	Init.
To ATC	_____
To DLEA	_____
Data Entry	_____



WE ARE YOUR DOL



Sponsor Code _____

Trade Code _____

Related Instruction Availability

Trade: Calibration Technician (Fiber Optic) _____

Sponsor Name: Fiber Instrument Sales Inc. _____

Sponsor Representative: Mark Cushman _____

Sponsor Address:

No. & Street: 161 Clear Road _____ City: Oriskany _____

County: Oneida _____ State: NY _____ Zip Code: 13424 _____

Sponsor Telephone No.: 1-800-500-0347 ext. [REDACTED] _____

Proposed Number of Apprentices: 1 _____

AT Office

Name: NYS Dept of Labor Apprenticeship Training _____

No. & Street: 450 S. Salina St Room 203 _____

City: Syracuse _____ State: NY _____ Zip Code: 13202 _____

Apprentice Training Representative: [REDACTED] _____ Date Prepared: 2/4/20 _____

Related instruction is **not** available. Related instruction **is** available at:

School

Name: Fiber Instrument Sales Inc. _____

No. & Street: 161 Clear Road _____

City: Oriskany _____ State: NY _____ Zip Code: 13424 _____

School Representative Contact Information:

Name: Mark Cushman _____

Telephone No.: 1 800 500 0347 ext [REDACTED] _____ Email: mcushman@fissales.com _____

School

Name: Mohawk Valley Community College _____

No. & Street: 1101 Sherman Drive _____

City: Utica _____ State: NY _____ Zip Code: 13501 _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Kathleen Rinaldo _____

No. & Street: 4937 Spring Road _____

City: Verona _____ State: NY _____ Zip Code: 13478 _____

Signature of DLEA: [REDACTED] _____ Date Prepared: 2/20/20 _____

MAR 05 2020



New York State Department of Labor

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code _____

Fiber Instrument Sales Inc., located at _____

(Sponsor)

161 Clear Road, Oriskany, NY 13424

(Address)

is presently accepting applications for an estimated 2 apprentice training positions in

(No. of Openings)

the occupation of Calibration Technician (Fiber Optic)

(Trade)

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

Minimum Qualifications

Minimum Age: 18 years old

Minimum Education: High School Diploma or Equivalent

Physical Condition: Be physically able to perform the work required as determined by

Lift up to 30 pounds by verbal attestation

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other:

Other:

Other:

Application Forms May be Obtained From:

Name: Mark Cushman

Address:

161 Clear Road
Oriskany, NY 13424

Phone Number: (____) _____ - _____

Dates: From: _____ To: _____

Days: Monday - Friday

Times: 8:00am to 5:00pm

Email Address: mcushman@fissales.com

Special Instructions:

NYS Department of Labor
Apprentice Training

All Applications Must be (please check) Received Postmarked no Later Than: MAR 05 2020



Non-Discrimination Plan (Short Form)

A. Equal Opportunity Pledge: Our company recognizes that all persons shall have equal opportunity in employment and apprenticeship training, and agrees to adhere to the following:

The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record.

B. Sexual Harassment Prevention Policy: Our policy is that sexual harassment is prohibited. This policy applies to internal activity towards employees, interaction between employees and actions and treatment directed towards employees, from any person or persons at the worksite whether or not they are employees of this organization.

Equal Employment Opportunity Commission (EEOC) guidelines provide that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- Submission to such contact is made either explicitly or implicitly a term or condition of an individual's employment;
• Submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; and/or
• Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

When an employee has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor, or to the next level of supervision. These persons have the authority and responsibility to resolve the complaint.

If an employee is an apprentice, the program's apprenticeship administrator and the NYS Apprenticeship Director must be notified of the complaint.

C. Minimum Qualifications and Selection Standards: It is agreed that the minimum qualifications and selection standards utilized will be those listed on form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, on file with the Department.

D. Recruitment: It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):
[X] Listing all apprentice openings with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before selections are made.
[] Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program.
[] Recruiting apprentices by methods other than those above.

On behalf of the sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: [Handwritten Signature] Date: 24 Jan 2020

The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

Mark I. Cushman VP Organizational Dev.
Print Name and Title

Approved by: _____ NYS Department of Labor Date

Sponsor Name Fiber Instrument Sales Sponsor Code _____ No. of Apprentices _____

Trade(s) Calibration Tech (Fiber Optic) Trade Code(s) _____