NEW YORK STATE
DEPARTMENT OF LABOR
APPRENTICE TRAINING PROGRAM TRANSMITTAL

Sponsor Code: _____

ATP Code: 17-072

SPONSOR	DISTRICT
RMD Electric Corp	L.I.

NAME, LOCAL NO. AND ADDRESS OF UNION (If None, Write None)

NONE

TRADE / OCCUPATION	REQUESTED DATE
Electrician	Dec. 21, 2015

[x] INDIVIDUAL [ ] GROUP	[ ] JOINT [x] NON-JOINT	[ ] JAC [x] NON-JAC	INDENTURED BY [x] EMPLOYER [ ] AGENT	[x] STATE [ ] FEDERAL

[redacted]

New York State Department of Labor

Apprentice Training Program Registration Agreement

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State Use Only
AT sponsor no.
ATP code 17-072
Effective date of AT program

Revision ☐ New Program (nature of change)

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APPRENTICE TRAINING
CENTRAL OFFICE

1. Name of sponsor: RMD Electric Corp.
2. Mailing address: 160-55 Cross Bay Blvd., Suite 203, Howard Beach Ny 11414 Queens
   (number & street) (city) (state) (zip code) (county)
3. Actual address: 340 Doherty Avenue Elmont New York 11003 Nassau
   (number & street) (city) (state) (zip code) (county)
4. Telephone no.: 718-217-1400 (telephone #) (ext. #) 516-488-1270 (fax #)
5. Trade/Occupation: Electrician
6. No. employees: 4 No. apprentices: 1 No. journeyworkers: 2 7. Ratio: 1:1, 1:3 (non-standard) ☐
8. ISC code: 1731 9. DOT code: 824-261-010 10. Length of program: 60 months
11. Apprentice probationary period: 12 months 12. Work process: Standard ☒ or Revised ☐
13. Minimum journeyworker rate: $19.25 per hour 14. Effective date of wages: 10/1/2015
    rate does not include benefits
15. Apprentice wage progression for each period - in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M☐ H☒ 1640	M☐ H☒ 1640	M☐ H☒ 1640	M☐ H☒ 1640	M☐ H☒ 1640	M☐ H☐	M☐ H☐	M☐ H☐	M☐ H☐	M☐ H☐
$ 9.00	$10.55	$ 11.90	$ 13.10	$ 15.75					

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

17. Vishal Dipchand — Signature of official sponsor representative; 12/21/2015 — Date
    President - Vishal Dipchand — Print name and title

18. _____ — Signature of union representative; / / — Date
    _____ — Print name, title, and union name

19. _____ — Signature New York State Department of Labor; / / — Date

AT 10 (07-10)

New York State Department of Labor

Sponsor Information Sheet

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Instructions:

- Please complete all questions. If a question does not apply to your entity, please enter "N/A."
- You must include an explanation and supporting documentation for all "yes" responses.
- For Individual Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and from the union.
- For Individual Non-Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor only.
- For Group Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and each signatory company and union that serves on the governing body as a Joint Apprenticeship Training Committee (JATC) member. Only one AT 9 is required per union.
- For Group Non-Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and each signatory company that serves on the Board of Directors or other governing body of the applicant/sponsor.
- You must have the completed form notarized by a Notary Public or certified by a Commissioner of Deeds or we will not accept it.

Sponsor Name: RMD Electric Corp.	Trade Name: Electrician
Name of Entity Completing Form: RMD Electric Corp.	FEIN No.: [redacted]
Mailing Address: 340 Doherty Avenue, Elmont, NY 11003	NYS Employer Registration (ER) No.: [redacted]
Fax No.: 516-488-1270 / Phone No.: 718-217-1400	E-mail Address: [redacted]

Type of Entity (Mark primary function): [X] Corporation [ ] Partnership [ ] Proprietorship [ ] Joint Venture [ ] LLC [ ] LLP [ ] Other
[ ] JATC [ ] Association [ ] Union [ ] Signatory Company serving on the JATC or on the Board of Directors or other governing body

For partnership or joint venture, list names and addresses of all partners. For corporations, list names and addresses of all officers and directors. For "Other", explain. Submit details on the letterhead of the person or entity completing the form.

How many years has your organization been in business? 7 years	
Have you done business under a different name? If yes, attach on company or union letterhead a list of the names of the former entity(ies) with their address(es), FEIN(s) and ER No(s).	Yes [ ] No [X]
Is the Sponsor a Group Joint or Group Non-Joint Program? If yes, list the names, addresses, and FEIN or NYS ER Nos. for each employer who is signatory to the program. Submit this data in an unprotected electronic spreadsheet (e.g. Excel) to the Apprentice Training Representative.	Yes [ ] No [X]

Answer all questions below. For all yes responses, attach explanation and/or appropriate documentation.

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

A conviction for a crime under state or federal law?	Yes [ ] No [X]
An indictment or pending indictment for any conduct constituting a crime under state or federal law?	Yes [ ] No [X]
A grant of immunity for any conduct constituting a crime under state or federal law?	Yes [ ] No [X]
A federal suspension, debarment, bid rejection or disapproval 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 [X]
Any pending or open investigation of a possible violation of any federal law or regulation, including but not limited to, investigations by the National Labor Relations Board (NLRB), Occupational Safety and Health Administration (OSHA), or US Department of Labor (USDOL) Wage and Hour Division?	Yes [ ] No [X]
Any determination of a violation of a federal law or regulation including, but not limited to, determinations by the NLRB, OSHA, or the USDOL Wage and Hour Division?	Yes [ ] No [X]
Any pending or open investigation of a possible violation of New York State, any other state, or municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work?	Yes [ ] No [X]
Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations?	Yes [ ] No [X]
If yes, was the violation determined to be willful?	Yes [ ] No [ ]
Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)?	Yes [ ] No [X]
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 [X]

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, signatories or union at the time of this new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

Applicant, sponsor, signatory or union:

- Certifies that the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein
- Certifies 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 $1000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1))
- Certifies that the information submitted in this questionnaire and any attached pages is true, accurate and complete

This authorizes the New York State Department of Labor to release any Unemployment Insurance (UI) information it may possess to the Apprentice Training Office to verify information and UI compliance in connection with this application or program.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, or 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.

Signature of CEO, Chair or Representative granted legal authority to bind the Entity

12/21/2015
Date

Vishal Dipchand / CEO
Print Name and Title

Sworn to me this: 21st day of December 2015

Signature of Notary Public or Commissioner of Deeds

JOANNE B. MONEZ
Notary Public, State of New York
No. 4954887
Qualified in Nassau County
Commission Expires August 21, 2017

NEW YORK STATE DEPARTMENT OF LABOR

RELATED INSTRUCTION AVAILABILITY

Trade	Electrician
Sponsor Name	RMD Electric Corp.
Sponsor's Representative	Joanne B. Monez
Sponsor Address (No. & Street)	340 Doherty Street
(City)	Elmont
(County)	Nassau
(State)	NY
(Zip Code)	11003
Sponsor Telephone No.	718-217-1400
Proposed Number of Apprentices	1

☐ RELATED INSTRUCTION IS NOTAVAILABLE

☐ RELATED INSTRUCTION ISAVAILABLE AT:

Name of School BTEEA - Transit Tech High School

Address ONE Wells Street Brooklyn, NY 11208

School Representative:

AT Office Name and Address:

Workforce Dev. & Training
Apprenticeship Unit
303 W. Old Country road, 2nd Floor
Hicksville, NY 11801

Name and Address of DLEA:

Joan Mosely
NYC DLEA
Office of Adult and Continuing Education
NYC Department of Education
475 Nostrand Avenue
Brooklyn, New York 11216

Apprentice Training Representative: [redacted]

Date Prepared: 12/7/15

Signature of DLEA: _____

Date Prepared:

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APPRENTICESHIP TRAINING
CITY - STATE

AT 8 (05/08)

New York State
Department of Labor
Apprentice Training Recruitment Notification and Minimum Qualifications

RMD Electric Corp. (Sponsor), located at 340 Doherty Avenue Elmont New York 11103 (Address)

is presently accepting applications for an estimated T/B/A (No. of openings) apprentice training positions in the occupation of Electrician (Trade).

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

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Minimum Qualifications

Minimum age: 18

Minimum education: High School diploma or GED or TASC

Physical condition: Be physically able to perform the work required as determined by the apprentice will sign an affidavit stating that they are physically able to perform the work listed below.

(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.)

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Other: An apprentice electrician is required to perform all phases of work in the electrical installation industry. This will include working with hand tools and power tools, and being exposed to loud noises, hazardous machinery, hazardous voltages and respiratory irritants. It may also include prolonged standing, climbing, walking and repeated squatting, stretching and bending.

Other: Some work may be required under extreme temperature exposure ranging from 0 degrees (outside work in the winter) to 140 degrees (the inside of a ceiling in the summer or boiler rooms year round). Additionally, everyday work may be at such temperatures and in confined areas where movement is greatly limited (such as transformer vaults and equipment services tunnels).

Other: An electrician is expected to lift and move heavy fixtures and equipment up to 100 pounds, and will also work from, ladders, scaffolds and personnel lifts, which may exceed 100 feet. As an essential function of the job, an electrician should have the ability to distinguish colors.

Application forms may be obtained from:

Name: Building Trades Employers Ed. Assco.

Address: 160-55 Cross Bay Blvd., Suite 203
Howard Beach, New York 11414

Phone number: (718) 738-4455

Dates: From: T/B/A to: T/B/A

Days: Monday - Friday

Times: 2PM - 4PM

Email address: [redacted]

Special instructions: All applicants must submit proof of birth date upon selection.

All applications must be received/postmarked (please circle) no later than T/B/A

See Instructions on Reverse Side

AT 505 (7-10)

NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUTION

Sponsor Code: _____

ATP Code: 17-072

NAME OF CANDIDATE	TRADE Electrician		
ADDRESS	CITY	STATE	ZIP

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ONLY THOSE CHECKED APPLY

		MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
EDUCATIONAL ACHIEVEMENT	TOTAL	35		TOTAL
[X] 5 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES		10		
[X] 5 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE 9 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES		15		
[X] 5 POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED		10		
[ ] ____ OTHER _____				
WORK EXPERIENCE	TOTAL	35		TOTAL
[X] 5 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE		15		
[X] 5 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE		5		
[X] 5 POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE		15		
[ ] ____ OTHER _____				
SENIORITY	TOTAL			TOTAL
[ ] ____ POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM				
[ ] ____ OTHER _____				
JOB APTITUDE	TOTAL			TOTAL
[ ] SATB (SPECIFIC APTITUDE TEST BATTERY) POINTS FOR HIGH ____ MEDIUM ____ LOW ____				
[ ] ____ NAME OF ALTERNATIVE APTITUDE TEST: _____ ADMINISTERED BY _____				
[ ] ____ OTHER _____				
ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE	TOTAL	15		TOTAL
[X] 3 ABILITY TO COMMUNICATE		3		
[X] 5 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP		5		
[X] 2 ABILITY TO REASON AND COMPREHEND		2		
[X] 5 INTEREST AND MOTIVATION		5		
[ ] ____ OTHER _____				
[ ] ____ OTHER _____				
TOTAL ALLOWABLE POINTS ____		85	TOTAL SCORE	

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APPRENTICESHIP
CERTIFICATION

RANK _____

EVALUATED BY _____ DATE _____
(Name)

SPONSOR NAME RMD Electric Corp.

SPONSOR ADDRESS 340 Doherty Avenue Elmont New York 11103

AT 508 (07-06)

RMD Electric Corp.
340 Doherty Avenue
Elmont, New York 11003

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APPRENTICESHIP UNIT

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. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30; Title 12 of the Official Compilation Of Codes, Rules and Regulations of the State of New York, Part 600; and the Americans with Disabilities Act of 1990.

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; 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 the complaint is not satisfactorily resolved, the employee has the right to contact the NYS Division of Human Rights and the Federal Equal Employment Opportunity Commission. The complaint will be investigated; if substantiated, prompt action will be taken to stop the harassment immediately and prevent recurrence.

If an employee is an apprentice, the program's apprenticeship administrator and the NYS Division of Equal Opportunity Development **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, Notice of Apprentice Training Opportunity, and Form AT 508. Selection Standards and Evaluation, attached.

D. **RECRUITMENT:** It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

( ) Listing all apprentice openings with the NYS Department of Labor Division of Employment Services for a minimum of five full working days before selections are made.

(X) Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies will be listed with the NYS Department of Labor Division of Employment Services.

( ) Recruiting apprentices by methods other than those above. A detailed statement of the recruitment method must be attached and approved by the Commissioner of Labor prior to being used.

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

Signature of Sponsor: _____ 12/21/2015
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. — Date

Approved by: _____ ___/___/___
NYS Department of Labor, Division of Equal Opportunity Development — Date

Sponsor Name RMD Electric Corp Sponsor Code _____ No. of Appr. 1

Trade Electrician Trade Code(s) 17-072

AT 602 (1-01)

Print Form

Please send to your regional DOL office:

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APPRENTICESHIP UNIT

New York State
Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) KHAMRAJ Bisham [redacted]	1. Name of Program Sponsor RMD Electric Corp. Physical address of Program Sponsor (no. and street) 340 Doherty Avenue City / County / State / Zip code Elmont Nassau New York 11003 Mailing address of Program Sponsor (no. and street) BTEEA 160-55 Cross Bay Blvd., Suite 203 City / County / State / Zip code Howard Beach Queens New York 11414 2. Trade: ☒ Time-based ☐ Competency-based ☐ Hybrid .com Electrician
3. Start Date	4. Length of program (Months): 60 5. DOL Apprentice Probation Period for Completion Rates (Months): 12
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) BTEEA – Transit TEch High School, Brooklyn, NY	RI Compensated ☐ Yes ☒ No 7. Minimum Journey-Worker Rate $ 19.25 per hour
8. Credit for previous training or experience: ☐ Reinstatement ☒ Vocational Education 36 Months ☐ Transfer ☒ Previous Experience (Employer name) RMD Electric Corp. Points Sections	

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9. Apprentice Wage Progression (Without Benefits) for each Period – in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one: ☐ Months ☒ Hours ☐ Points ☐ Sections

1	2	3	4	5	6	7	8	9	10
1640	1640	1640	1640	1640					
$ 9.00	$ 10.55	$ 11.90	$ 13.10	$ 15.75					

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

B. [signature] 12/21/2015 [signature] 12/21/2015

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

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.

STATE USE ONLY

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		

Must be returned within 30 days of receipt