

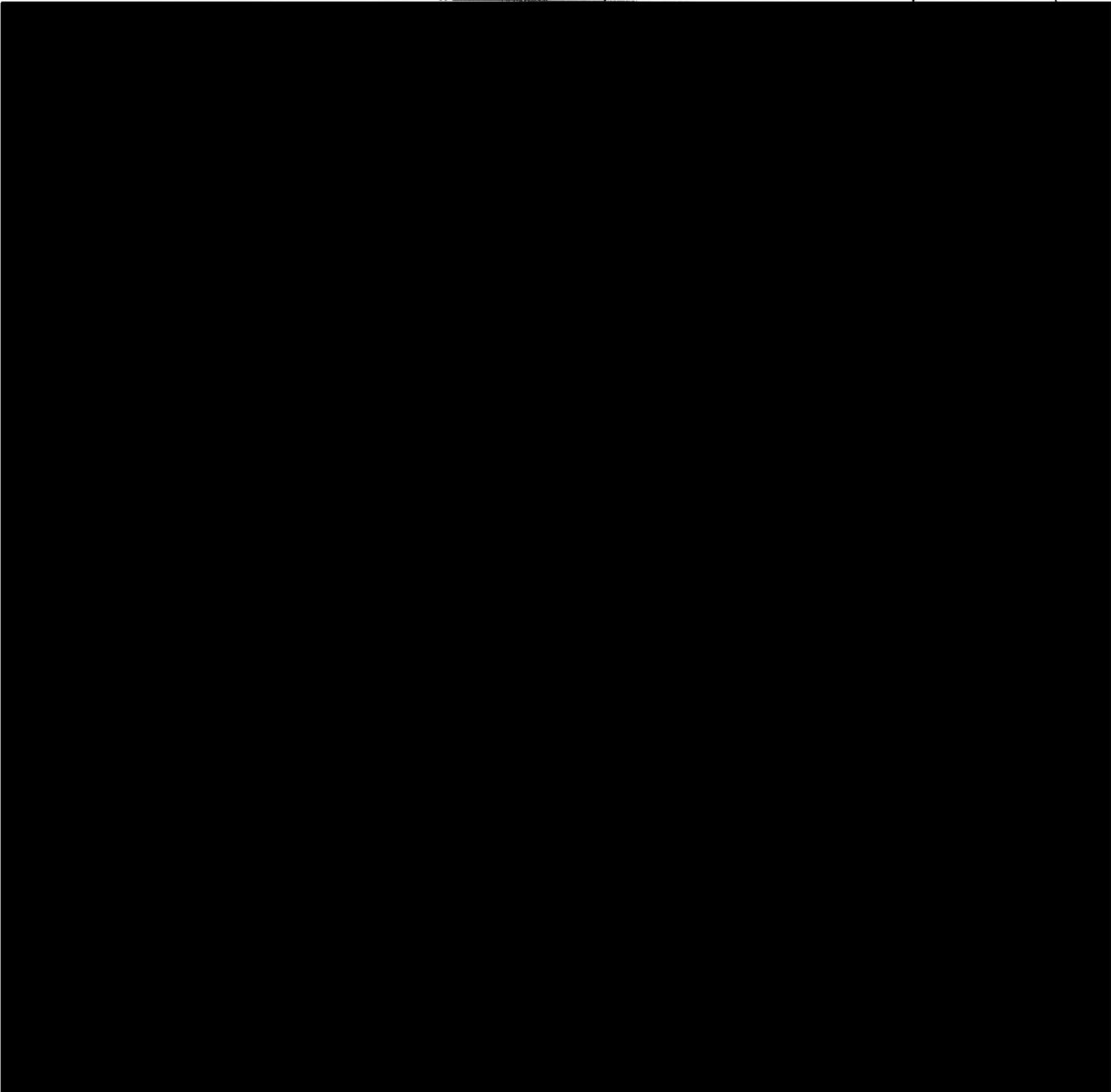


NEW YORK STATE
DEPARTMENT OF LABOR
APPRENTICE TRAINING PROGRAM TRANSMITTAL

Sponsor Code: _____

ATP Code: 18-541

SPONSOR Start Elevator LLC			DISTRICT NYC		
NAME , LOCAL NO . AND ADDRESS OF UNION (If None , Write None) None					
TRADE / OCCUPATION Elevator/Escalator Constructor & Modernizer			REQUESTED DATE 6-23-2015		
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT	<input type="checkbox"/> JAC	INDENTURED BY		<input checked="" type="checkbox"/> STATE
<input type="checkbox"/> GROUP	<input checked="" type="checkbox"/> NON - JOINT	<input checked="" type="checkbox"/> NON - JAC	<input checked="" type="checkbox"/> EMPLOYER	<input type="checkbox"/> AGENT	<input type="checkbox"/> FEDERAL





JUN 16 2015

Apprentice Training Program Registration Agreement

NYC/DEWS BUREAU QUALITY ASSURANCE

Revision New Program (nature of change)

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JUN 25 2015

State Use Only
AT sponsor no.
ATP code 18-541
Effective date of AT program JUL 24 2015

- 1. Name of sponsor: Start Elevator LLC
2. Mailing address: 4350 Bullard Ave N.Y. N.Y. 10466 Bronx
3. Actual address: 4350 Bullard Ave N.Y. N.Y. 10466 Bronx
4. Telephone no.: (718) 324-9166 (718) 324-9253
5. Trade/Occupation: Elevator/Escalator Constructor + Modernizer
6. No. employees: 55 No. apprentices: 4 No. journeyworkers: 8 Ratio: 1:1, 1:2
7. Ratio: 1:1, 1:2 (non-standard)
8. ISC code: 9. DOT code: 825361010 10. Length of program: 48 months
11. Apprenticeship probationary period: 12 months 12. Work process: Standard [X] or Revised
13. Minimum journeyworker rate: \$ 30 per Hour 14. Effective date of wages: 11/1/2015
15. Apprenticeship wage progression for each period - in months (M) or hours (H)

Table with 10 columns for wage progression periods (1-10) and rows for M/H selection and percentage values (50% to 85%).

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

17. Signature of official sponsor representative: John O'Shea President, Date: 6/12/15

18. Signature of union representative, Date: 1/1

19. Signature New York State Department of Labor

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Additional Sponsor Representatives: Kevin Shea Agency Director, Robert Edonn CFT-S



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.

Form with fields: Sponsor Name: Start Elevator LLC, Trade Name: Elevator / Escalator Constructor & Modernizer, Name of Entity Completing Form: Start Elevator LLC, FEIN No., Mailing Address: 4350 Bullard Ave, Bronx NY 10466, NYS Employer Registration (ER) No., Fax No.: (718) 324-9253, Phone No.: (718) 324-9166, E-mail Address, Type of Entity (Mark primary function): 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, How many years has your organization been in business? 23, Have you done business under a different name? Yes, No, Is the Sponsor a Group Joint or Group Non-Joint Program? Yes, No

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:

Table with 2 columns: Question and Yes/No response. Questions include: A conviction for a crime under state or federal law? An indictment or pending indictment for any conduct constituting a crime under state or federal law? A grant of immunity for any conduct constituting a crime under state or federal law? 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? 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? 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? 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? Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations? If yes, was the violation determined to be willful? Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)? 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?

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 Apprenticeship 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

5/21/15
Date

John O'Shea President
Print Name and Title

Sworn to me this: 21st day of MAY 2015

Signature of Notary Public or Commissioner of Deeds

THOMAS K DUNNE
Notary Public, State of New York
No. 01DU6222586
Qualified in Westchester County
Commission Expires May 24, 2018

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NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Trade	Modernizer Elevator/ Escalator Constructors	
Sponsor Name	Start Elevator LLC	
Sponsor's Representative	John D'Shea	
Sponsor Address (No. & Street)	(City)	
4350 Bullard Ave	N.Y.	
(County)	(State)	(Zip Code)
Bronx	N.Y.	10466
Sponsor Telephone No.	(718) 324-9166	
Proposed Number of Apprentices	4	

AT Office Name and Address:

NEW YORK STATE DEPT OF LABOR
WORKFORCE SOLUTIONS
APPRENTICESHIP UNIT (NYC)
75 Varick Street (7th Floor)
New York, New York 10013

Apprentice Training Representative:

Date Prepared: 6/22/15

AT 8 (05/08)

RELATED INSTRUCTION IS NOTAVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School Start Elevator LLC
 Address 4350 Bullard Ave
 Address Bronx N.Y. 10466
 School Representative: Robert Edgar

Name and Address of DLEA:

New York City Dept. of Education
Brooklyn Adult Learning Center
475 Nostrand Avenue – Room # 125
Brooklyn, NY 11216

To: Joan Mosely

Signature of DLEA: _____

Date Prepared:

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CENTRAL OFFICE



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

Start Elevator LLC, located at
(Sponsor)
4350 Bullard Ave, Bronx N.Y. 10466
(Address)

is presently accepting applications for an estimated 0 apprentice training positions in
(No. of openings)

the occupation of Elevator/Escalator Constructor - Modernizer
(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

Minimum education: High school or TASC High school equivalency

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

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(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: Must be capable of performing physical requirements of trade, which are lifting, climbing and working from heights

Other: Applicant is responsible for transportation to different job sites + classroom training facility

Other: _____

Application forms may be obtained from:

Name: Start Elevator LLC

Address: 4350 Bullard Ave
Bronx N.Y. 10466

Phone number: (718) 324-9166

Special instructions: Proof of age + High school or TASC equivalency diploma to be submitted

Dates: From: _____ to: _____

Days: _____

Times: _____

Email address: _____

All applications must be received/postmarked (please circle) no later than _____

See Instructions on Reverse Side

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JUN 16 2015

NYC/DEWS
BUREAU QUALITY ASSURANCE



NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATION

Sponsor Code: _____
ATP Code: 18-541

NAME OF CANDIDATE	TRADE <u>Elevator/ Escalator Constructor + Modernizer</u>		
ADDRESS	CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

MAXIMUM POINTS ALLOWABLE NUMBER OF YEARS CREDITED SCORE

EDUCATIONAL ACHIEVEMENT

- 2 1/2 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES 12 OR EQUIVALENT
- 5 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES 12
- 5 POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED
- OTHER _____

TOTAL

25		
5		
10		
10		

TOTAL

WORK EXPERIENCE

- 5 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE
- 2 1/2 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE
- 2 1/2 POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE
- OTHER _____

TOTAL

25		
15		
5		
5		

TOTAL

SENIORITY

- 5 POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM
- OTHER _____

TOTAL

10		
10		

TOTAL

JOB APTITUDE

- SATB (SPECIFIC APTITUDE TEST BATTERY) POINTS FOR HIGH _____ MEDIUM _____ LOW _____
- NAME OF ALTERNATIVE APTITUDE TEST: _____
- ADMINISTERED BY _____
- OTHER _____

TOTAL

TOTAL

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

TOTAL

- 8 ABILITY TO COMMUNICATE
- 8 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- 8 ABILITY TO REASON AND COMPREHEND
- 8 INTEREST AND MOTIVATION
- 8 OTHER _____
- OTHER _____

40		
8		
8		
8		
8		
8		

TOTAL

TOTAL ALLOWABLE POINTS →

100	TOTAL SCORE →
-----	---------------

RANK _____

EVALUATED BY _____ DATE _____

SPONSOR NAME Start Elevator LLC

SPONSOR ADDRESS 4350 Bullard Ave, Bronx NY 10466

AT 508 (07-08)

JUL 24 2015

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CENTRAL OFFICE

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JUN 16 2015

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JUN 16 2015
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BUREAU QUALITY ASSURANCE

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APPRENTICE TRAINING
NON-DISCRIMINATION PLAN
CENTRAL OFFICE (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.
- 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.

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

Signature of Sponsor: _____

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

Date

6/12/15

Approved by: _____

NYS Department of Labor, Division of Equal Opportunity Development

Date

Sponsor Name

Start Elevator LLC

Sponsor Code _____

No. of Appr. 4

Trade

Elevator/Escalator Constructor and Modernizer

Trade Code(s)

1B-541

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 18-541

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) <u>Monahan James K</u>	1. Name of Program Sponsor <u>Start Elevator LLC</u>		RECEIVED NYS DEPARTMENT OF LABOR JUN 16 2015
[Redacted]	Physical address of Program Sponsor (no. and street) <u>4350 Bullard Ave</u>		
	City <u>New York</u>	County <u>Bronx</u>	State <u>NY</u>
	Mailing address of Program Sponsor (no. and street) <u>4350 Bullard Ave</u>		NYC/DEWS BUREAU QUALITY ASSURANCE
	City <u>New York</u>	County <u>Bronx</u>	
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid		Zip code <u>10466</u>	
Elevator / Escalator Constructor & Modernizer			
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Trade _____ State _____	3. Start Date _____	4. Length of program (Months) <u>48</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>12</u>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>NAEC CET, Start Elevator LLC 4350 Bullard Ave, Bronx NY 10466</u>	RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$30.</u>	
8. Credit for previous training or experience: Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name) _____			

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
1-6	7-12	13-18	19-24	25-30	31-36	37-42	43-48		
50%	55%	60%	65%	70%	75%	80%	85%		

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

[Signature] 6/12/15 Signature of Apprentice and Parent/Guardian if age 16-17 Date

[Signature] 6/12/15 Signature of Official Sponsor Representative Date

Registered by the New York State Department of Labor:

State Use Only	
Date	<u>6-22-15</u>
To ATC	_____
To DLEA	_____
Rank Verify	_____
Data Entry	_____

Signature New York State Department of Labor _____ Date _____

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

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 18-541

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) <u>Birmingham Thomas B</u>	1. Name of Program Sponsor Start Elevator LLC		RECEIVED NYS DEPARTMENT OF LABOR		
	Physical address of Program Sponsor (no. and street) 4350 Bullard Ave				
	City New York	County Bronx	State NY	Zip code 10466	
	Mailing address of Program Sponsor (no. and street) 4350 Bullard Ave				
	City New York	County Bronx	State NY	Zip code 10466	
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Elevator / Escalator Constructor & Modernizer					
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Trade _____ State _____		3. Start Date _____	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) NAEC CET, Start Elevator LLC 4350 Bullard Ave, Bronx NY 10466			RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$30.	
8. Credit for previous training or experience: _____ Months _____ Points _____ Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name) _____					

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
1-6	7-12	13-18	19-24	25-30	31-36	37-42	43-48		
50%	55%	60%	65%	70%	75%	80%	85%		

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: 6.12.15
 Signature of Official Sponsor Representative: _____ Date: 6.12.15

Registered by the New York State Department of Labor:

Signature New York State Department of Labor: _____ Date: _____

State Use Only		
Date	_____	_____
To ATC	<u>6-22-15</u>	_____
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

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 18-541

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) <u>McCormack Brian J</u>	1. Name of Program Sponsor <u>Start Elevator LLC</u>		
[Redacted]	Physical address of Program Sponsor (no. and street) <u>350 Bullard Ave</u>		
	City <u>New York</u>	County <u>Bronx</u>	State <u>NY</u>
	Mailing address of Program Sponsor (no. and street) <u>350 Bullard Ave</u>		
	City <u>New York</u>	County <u>Bronx</u>	State <u>NY</u>
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid <u>Elevator / Escalator Constructor & Modernizer</u>			
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Trade _____ State _____	3. Start Date _____	4. Length of program (Months) <u>48</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>12</u>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>NAEC CET, Start Elevator LLC 4350 Bullard Ave, Bronx NY 10466</u>		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$30.</u>
8. Credit for previous training or experience: _____ Months _____ Points _____ Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name) _____			

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JUN 16 2015

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NYC/DEWS
BUREAU QUALITY ASSURANCE

APPRENTICE TRAINING
CENTRAL OFFICE
JUN 24 2015

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
1-6	7-12	13-18	19-24	25-30	31-36	37-42	43-48		
50%	55%	60%	65%	70%	75%	80%	85%		

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: [Signature] Date: 6/12/15
 Signature of Official Sponsor Representative: [Signature] Date: 6/12/15

Registered by the New York State Department of Labor:

Signature New York State Department of Labor: _____ Date: _____

State Use Only		
	Date	Init.
To ATC	<u>6-22-15</u>	[Redacted]
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

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 18-541

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) <u>Genaeley Matyas K</u>		1. Name of Program Sponsor <u>Start Elevator LLC</u>	
Physical address of Program Sponsor (no. and street) [Redacted]		350 Bullard Ave	
City <u>New York</u>	County <u>Bronx</u>	State <u>NY</u>	Zip code <u>10466</u>
Mailing address of Program Sponsor (no. and street) [Redacted]		350 Bullard Ave	
City <u>New York</u>	County <u>Bronx</u>	State <u>NY</u>	Zip code <u>10466</u>
Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid			
Elevator / Escalator Constructor & Modernizer			
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Trade _____ State _____		3. Start Date _____	4. Length of program (Months) <u>48</u>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>NAEC CET, Start Elevator LLC 4350 Bullard Ave, Bronx NY 10466</u>		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>12</u>
7. Minimum Journey-Worker Rate <u>\$30.</u>			
8. Credit for previous training or experience: Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name) _____			

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
1-6	7-12	13-18	19-24	25-30	31-36	37-42	43-48		
50%	55%	60%	65%	70%	75%	80%	85%		

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: [Signature] Date: 6/12/15
 Signature of Official Sponsor Representative: [Signature] Date: 6/12/15

Registered by the New York State Department of Labor:

State Use Only		
Date	Init.	
To ATC	<u>6-22-15</u>	[Redacted]
To DLEA	_____	_____
Rank Verify	_____	_____
Data Entry	_____	_____

Signature New York State Department of Labor _____ Date _____

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	_____	_____

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