



New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Sponsor Information Sheet and Instructions

JUN 28 2016

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. Central Office

Section I

- A. Sponsor name: Diemolding Corporation
- B. Trade(s): PM Mechanic [REDACTED] Mold Maker
- C. Type of Apprenticeship Training Program (check one):
 1. 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: Diemolding Corporation
- E. Entity completing this form (check one):
 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: P.O. Box 26
 City/Town: Wampsville State: NY Zip Code: 13163
- G. Email: [REDACTED] H. Phone: (315) 363-4710 I. Fax: (315) 363-1873
- 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?..... Yes No
- M. Type of Entity (check one and provide attachments as noted in the instructions):
 Corporation Partnership Sole-Proprietor LLC LLP Other
- N. How many years has your organization been in business? 95
- O. Within the past five (5) years, have you done business under a different name?..... Yes 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 No
 If 'Yes', provide attachments as noted in the instructions.

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

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

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Central Office

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.

 _____ 05-17-2016
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date

Print name and title: James R. Morin, General Manager

Sworn to me this: 17 day of May 2016

 _____
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

TRACY ENGLISH
 Notary Public, State of New York
 Registration #01EN6294012
 Qualified In Madison County
 Commission Expires December 16, 2017



NYS DOL Use Only: Sponsor No. _____ <input type="checkbox"/> New Program <input type="checkbox"/> Reactivation <input type="checkbox"/> Revision <input type="checkbox"/> Recertification
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NYS Department of Labor
Apprentice Training

JUN 28 2016

Central Office

New York State
Registered Apprenticeship Training Program

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- C. Type of Apprenticeship Training Program (check one):
 1 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: UAW Local 1060
- E. Entity completing this form (check one):
 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: 5005 Spring Rd
 City/Town: Verona State: NY Zip Code: 13478
- G. Email: [REDACTED] H. Phone: (315) 363-4710 I. Fax: (315) 363-1873
- 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?..... Yes No
- M. Type of Entity (check one and provide attachments as noted in the instructions):
 Corporation Partnership Sole-Proprietor LLC LLP Other
- N. How many years has your organization been in business? 66
- O. Within the past five (5) years, have you done business under a different name?..... Yes No
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- 1. Any conviction for a crime under state or federal law?..... Yes No
- 2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... Yes No
- 3. Any grant of immunity for conduct constituting a crime under state or federal law?..... Yes No

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

JUN 28 2016

- 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
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- 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.

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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.

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Gail P. Parsons 6/13/16
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Gail G. Parsons, Recording Secretary UAW Union 1060

Sworn to me this: 13 day of June, 2016
[Signature]
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

TRACY ENGLISH
Notary Public, State of New York
Registration #01EN6294012
Qualified In Madison County
Commission Expires December 16, 2017



JUN 28 2016

Apprentice Training Program Registration Agreement

Revision

Nature of Change: _____

Central Office State Use Only	
AT Sponsor No.	
ATP Code	
Effective Date of AT Program	

- Name of Sponsor: Diemolding Corporation
- Mailing Address: P.O. Box 26 Wampsville NY 13163 Madison
(number & street) (city) (state) (zip code) (county)
- Actual Address: 100 Donald Hicks Dew Drive Wampsville NY 13163 Madison
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 315-363-4710 Ext. _____ Fax No.: 315-363-1873
- E-mail Address: _____
- Trade/Occupation: Plant Maintenance Mechanic [REDACTED]
- No. Employees: 125 No. Apprentices: 1 No. Journeyworkers: 8 8. Ratio: 1:1,1:1
- DOT Code: 899.261-014 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 18.14 per hour 14. Effective Date of Wages: July 1, 2016

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

1	2	3	4	5	6	7	8	9	10
M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>							
H <input checked="" type="checkbox"/> 1000	H <input type="checkbox"/>	H <input type="checkbox"/>							
15.50	15.86	16.22	16.58	16.94	17.30	17.67	18.04		

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

17. Joseph J. Pinard 06/16/2016 18. Gail P. Parsons 6-16-16
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Joseph J. Pinard, Special Projects Manager Gail Parsons, Secretary, UAW #1060
 Print Name and Title Print Name, Title, and Union Name

19. _____ Date
 Signature New York State Department of Labor



Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. ATP Code 66-378A JUN 28 2016

Name of Apprentice (Last, First, M.I.) Hook, William G.R.
1. Name of Program Sponsor Diemolding Corporation Central Office
Physical address of Program Sponsor (no. and street) 100 Donald Hicks Dew Drive
City County State Zip code Wampsville Madison NY 13163
Mailing address of Program Sponsor (no. and street) P.O. Box 26
City County State Zip code Wampsville Madison NY 13163
2. Trade: [] Time-based [x] Competency-based [] Hybrid
Plant Maintenance Mechanic
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) Madison-Oneida BOCES - Verona NY, ToolingU.com
RI Compensated [] Yes [x] No 7. Minimum Journey-Worker Rate 18.14/hour
8. Credit for previous training or experience: Months Points Sections
[] Reinstatement [] Vocational Education [] Transfer [] Previous Experience (Employer name):

9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: [] Months [x] Hours [] Points [] Sections
Table with 10 columns (1-10) and 2 rows of wage data.

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

Signatures and dates for Apprentice/Parent/Guardian, Official Sponsor Representative, and State Use Only section.

Registered by the New York State Department of Labor:

Signature New York State Department of Labor Date

State Use Only section with fields for Date and Init. for To ATC, To DLEA, Rank Verify, and 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 section with fields for Date and Init. for To ATC, To DLEA, and 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.

Signature of DLEA Representative Date Print Name

State Use Only section with fields for Date and Init. for To ATC, To DLEA, and Data Entry.



Department of Labor

New York State Department of Labor

NYS Department of Labor
Apprentice Training

JUN 28 2016

Central Office

Sponsor Code _____
Trade Code 66-378 A

Related Instruction Availability

Trade: Plant Maintenance Mechanic [REDACTED]

Sponsor Name: Diemolding Corporation

Sponsor Representative: Joseph J. Pinard

Sponsor Address: _____

No. & Street: 100 Donald Hicks Dew Drive City: Wampsville

County: Madison State: NY Zip Code: 13163

Sponsor Telephone No.: 315-363-4710

Proposed Number of Apprentices: 1

RECEIVED
JUN 23 2016
D.E.W.S., SYRACUSE NY

AT Office

Name: NYS Department of Labor

No. & Street: 450 S. Salina Street

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: 6/10/2016

Related instruction is **not** available.

Related instruction **is** available at:

School

Name: Madison-Oneida BOCES

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

School Representative: Kathleen Rinaldo

School

Name: ToolingU Online at toolingu.com

No. & Street: 3615 Superior Avenue East, Building 44, 6th Floor

City: Cleveland State: OH Zip Code: 44114

School Representative: _____

DLEA

Name: Kathleen Rinaldo, Madison-Oneida BOCES

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA [REDACTED] Date Prepared: 6/20/16

AT 8 (6-16)

**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 Apprenticeship 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 / 15 / 16



Department of Labor

New York State Department of Labor

NYS Department of Labor
Apprentice Training

JUN 28 2016

Apprentice Training Recruitment Notification and Minimum Qualifications

Office

Sponsor Code _____
Trade Code 66-378 A

Diemolding Corporation, located at
(Sponsor)
100 Donald Hicks Dew Drive, Wampsville, NY 13163
(Address)

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

the occupation of Plant Maintenance Mechanic
(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 diploma or equivalent

Physical Condition: Be physically able to perform the work required as determined by
a medical exam after selection, paid for by the sponsor.

(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: Diemolding Corporation
Address:
100 Donald Hicks Dew Drive
Wampsville, NY 13163
Phone Number: (315) 363 - 4710

Dates: From: _____ To: _____
Days: _____
Times: _____
Email Address: _____

Special Instructions:

All Applications Must be (please check) Received Postmarked no Later Than: _____

JUN 28 2016



Department of Labor

New York State Department of Labor

Central Office Sponsor Code _____
Trade Code(s) 33-144 _____

Selection Standards and Evaluations

Name of Candidate	Trade Plant Maintenance Mechanic		
Address	City	State	Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement <input checked="" type="checkbox"/> 2 Points for Each Year of Educational Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 2 Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 3 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	Total	20			Total
		4			
		4			
		12			
Work Experience <input checked="" type="checkbox"/> 5 Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> 1 Points for Each Year of Active Military Experience <input type="checkbox"/> Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	Total	30			Total
		20			
		10			
Seniority <input checked="" type="checkbox"/> 2 Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	Total	20			Total
		20			
Job Aptitude <input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input checked="" type="checkbox"/> 25 Name of Alternative Aptitude Test <u>Tooling U Mold Maker</u> Administered by <u>Tooling U - 8 categories - 3 points</u> <input type="checkbox"/> Other <u>max/category +1</u>	Total	25			Total
		25			
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> 1 Ability to Communicate <input checked="" type="checkbox"/> 1 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 3 Ability to Reason and Comprehend <input type="checkbox"/> Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Total	5			Total
		1			
		1			
		3			

Total Allowable Points → 100 Total Score →

Rank _____

Evaluated by _____ Date _____
(Name)

Sponsor Name Diemolding Corporation

Sponsor Address 100 Donald Hicks Dew Drive, Wampsville, NY 13163