



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:
B. Trade(s):
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:
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:
City/Town: State: Zip Code:
G. Email: H. Phone: I. Fax:
J. Federal Employer Identification Number (FEIN):
K. NYS Unemployment Insurance Employer Registration (ER) Number:
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance?
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?
O. Within the past five (5) years, have you done business under a different name?
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?

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?
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?
3. Any grant of immunity for conduct constituting a crime under state or federal law?

\*\* 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.

\_\_\_\_\_  
Signature of CEO, Chair, or representative granted legal authority to bind the Entity \_\_\_\_\_  
Date

Print name and title: \_\_\_\_\_

Sworn to me this: \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

  
  
  
  
  
  
  
  
  
  

Field - Receipt Date Stamp

## Instructions for the Sponsor Information Sheet, AT 9

Note: You only need to return the first two pages of this form to your ATR. You do not need to return these instructions.

### Apprenticeship Training Program Field Staff will complete this information.

- New Program – a new program application.
- Reactivation – a program in inactive status has registered an apprentice and requested reactivation.
- Revision - a change to an existing program.
- Recertification - an existing program is due for recertification review.

**Note: Sponsors must return all required AT 9 forms to their Apprenticeship Training Representative (ATR) within 60 days of the date on their recertification letter.**

Programs are sponsored by an association or group of employers without a union co-sponsor. The association or group has a governing body, such as a Board of Directors, which acts as the program sponsor and files an application with the Department. Employees may or may not be represented by unions. If they are represented by unions, the unions are given an opportunity to review the program application and provide comments to the Department. New employers may join or leave the program at any time. Apprentices may work for any participating employer or rotate between participating employers for their work assignments.

### Section I

- A. **Sponsor:** an employer, a single employer and a union, a group of employers, or a Joint Apprenticeship Committee/Joint Apprenticeship Training Committee (JAC/JATC) representing both employers and a union (or unions) which has the ability to train apprentices and which is recognized as such by the Commissioner through the registration of a program.
- B. **Trade(s):** the trade associated with the program and in which apprentices will be trained. Programs with multiple trades must list each trade.
- C. **Type of Apprenticeship Training Program:** review the following four (4) types of Registered Apprenticeship Programs and check the appropriate box. An AT 9 must be completed and submitted by **each** entity as required below.
1. **Individual Non-Joint Program** - The following entity will need to complete and submit an AT 9 form:
    - Employer.  
Programs are sponsored by one employer without a union co-sponsor. The employer is responsible for overall program administration and files an application with the Department. Employees may or may not be represented by a union. If they are represented by a union, the union is given an opportunity to review the program application and provide comments to the Department. Apprentices work for the employer/sponsor.
  2. **Individual Joint Program** - Each of the following entities will need to complete and submit an AT 9 form:
    - Employer and Union.  
Programs are co-sponsored by one employer along with a union that represents employees. Both the employer and the union are responsible for overall program administration and file an application together with the Department. Apprentices work for the employer/sponsor.
  3. **Group Non-Joint Program\*** - Each of the following entities will need to complete and submit an AT 9:
    - Sponsor, Association(s), and any Employer/Signatory company serving as a member of the Board of Directors or other governing body.

4. **Group Joint Program\*** - Each of the following entities will need to complete and submit an AT 9 form:

- JAC/JATC, Union, Association(s), and any Employer/Signatory company serving as a member of the JAC/JATC, Board of Directors, or other governing body (only one AT 9 is required per union or association).

Programs are sponsored by an association or group of employers, along with a union, by creating a Joint Apprenticeship Committee (JAC/JATC). The JAC/JATC membership is made up of an equal number of employer and employee representatives. The JAC/JATC acts as the program sponsor and files an application with the Department. New employers may join or leave the program at any time. Apprentices may work for any participating employer or rotate between participating employers for their work assignments.

### \*For Group Programs Only – Signatory List Submission Information (C3 and C4):

Submit the name, address, FEIN, and/or ER number for each signatory employer to your Apprentice Training Representative (ATR), as follows:

- **New Group Program Applicants:** submit a complete signatory list with all required information for your new program.
- **Existing Group Programs at Recertification:** submit any necessary updates to your previously established signatory list. Updates include any new signatories that need to be **added** as well as any signatories that need to be **removed** because they are no longer associated with your program. Per NYS Apprenticeship Regulations, Part 601, **all updates must be submitted within 90 days of any change.**

Required information may be submitted on the *Signatory List Template*, AT 702 found on the Department's website at: [www.labor.ny.gov/formsdocs/app/apprenticeship-forms-publications.shtm](http://www.labor.ny.gov/formsdocs/app/apprenticeship-forms-publications.shtm) or in an unprotected electronic spreadsheet (e.g. Excel).

- D. **Name of Entity Completing the Form:** enter the name of the business entity completing the form. Do not enter an individual's name.
- E. **Entity Completing the Form:** select the appropriate entity, which could be any of the following: an individual employer/sponsor, union, JAC/JATC, association, or any employer/signatory company serving as a member of the JAC/JATC, Board of Directors, or other governing body.
- F. **Mailing address:** the mailing address for the entity completing the form.
- G. **Email:** the email address for the contact person representing the entity completing the form.
- H. **Phone:** the phone number for the contact person representing the entity completing the form.
- I. **Fax:** the fax number for the entity completing the form.
- J. **Federal Employer Identification Number (FEIN):** a **current**, valid nine (9) digit number associated with the entity completing the form.
- K. **NYS Unemployment Insurance Employer Registration (ER) Number:** a **current**, valid seven (7) digit number associated with the entity completing the form.
- L. **Is this entity required to report any employee wages under this FEIN to the New York State Department of Tax and Finance:**  
**Only** answer 'No', if the entity completing the AT 9 is **not required** to report wages for **any** employee under this FEIN to the NYS Department of Tax & Finance.
- M. **Type of Entity:** submit all details, as noted below, on official letterhead of the business entity completing the form.
  - Corporations and LLCs: attach a list of names and business addresses of all officers and directors.
  - Partnerships and LLPs: attach a list of names and business addresses of all members.
  - Other: include an explanation on official letterhead.
- N. **How many years has your organization been in business?** Indicate number of years.
- O. **Within the past five (5) years, have you done business under a different name?** If 'Yes', attach on official letterhead, a list of the names of the former entity(ies) with their address(es), FEIN(s), or ER No(s).
- P. **If the entity completing the form is part of a new program application or if the entity is new to an existing program, within the past 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?**

If 'Yes', attach on official letterhead, the name of the sponsor, the trade, and the current status of the program. If the program is no longer registered with the Department, submit an explanation on official letterhead.

- \*\* § 601.3 (y) Definitions: Substantially Owned-Affiliated Entity means: (1) The parent company of an employer; (2) Any subsidiary of the employer; or (3) Any entity in which the parent of the employer owns more than fifty percent of the voting stock; or (4) An entity in which one or more of the top five shareholders of the employer individually or collectively also owns a controlling share of the voting stock; or (5) An entity which exhibits any other indicia of control over the employer or over which the employer exhibits control, regardless of whether or not the controlling party or parties have any identifiable or documented ownership interest. Such indicia shall include, power or responsibility over employment decisions, access to and/or use of the relevant entity's assets or equipment, power or responsibility over contracts of the entity, and influence over the business decisions of the relevant entity.

### **Section II**

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

Questions in Section II refer to events within the past five years only.

If you have answered '**Yes**' to any question, submit the required documentation as noted below:

- Questions 1-6: If '**Yes**', submit a copy of the documentation from the applicable agency, including pertinent dates and the current status or outcomes. Include an explanation on official letterhead.
- Question 7: If '**Yes**', submit copies of all relevant OSHA citations and notifications of penalty, abatement documentation, and any stipulation agreements.
- Questions 8 & 9: If '**Yes**', submit a copy of the documentation from the applicable agency, including pertinent dates and the current status or outcomes. Include an explanation on official letterhead.
- Question 10: If '**Yes**', submit a copy of the stipulation, settlement, consent order, any other agreement and supporting documentation. Include an explanation on official letterhead.

### **Section III**

After completing sections I and II, **Section III must be signed, dated, and notarized.** The CEO, Chair, or Representative granted legal authority to bind the entity must read and sign this form.