WE	ARE	YOUI	S DOF
	- NEW	YORK Departme	ent ——

NYSDOL Use On	ly: Sponsor N	0	
☑ New Program	☐ Reactivation	\square Revision	☐ Recertification

New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprentice Training

Sponsor Information Sheet and Instructions

APR 1 9 2024

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 formula Office

Appre	enticeship Training Program. Please read the instructions on pages 3 and 4 before completing this ferential Offic	8
Sect A.	ion I Sponsor name: New York City Transit Authority	
В.	Trade(s): Elevator Servicer and Repairer	
C.	Type of Apprenticeship Training Program (check one):	
=-	1.☑ Individual Non-Joint 2.☐ Individual Joint 3.☐ Group Non-Joint 4.☐ Group Joint (JAC/JATC)* or sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.	
רנ	Name of entity completing this form: New York City Transit Authority	
	Entity completing this form (check one):	_
L.	✓ Individual Employer/Sponsor □ Union □ JAC/JATC □ Association	
	Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body	
F.	400 Listanatan Otrock	
Г.	City/Town: Brooklyn State: NY Zip Code: 11201	
G.	(719) 604 4260	-
	Federal Employer Identification Number (FEIN):	_
J.	الما الما الما الما الما الما الما الما	
	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?	□ No
8.4	Type of Entity (check one and provide attachments as noted in the instructions):	□ NO
	☐ Corporation ☐ Partnership ☐ Sole-Proprietor ☐ LLC ☐ LLP ☑ Other	
N.	How many years has your organization been in business? 70	
Ο.	Within the past five (5) years, have you done business under a different name? Yes If 'Yes', provide attachments as noted in the instructions.	□ No
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 If 'Yes', provide attachments as noted in the instructions.	☑ No
Sect	ion II	
	elete all questions, $(1 - 10)$, in this section and provide attachments as noted in the instructions.	
prede	n the past five (5) years, has your organization, any substantially owned-affiliated entity,** any cessor company or entity, any owner of 10% or more of the entity's shares, any director, any r, any partner, or any proprietor been the subject of:	
1.		☑ 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? \square Yes	☑ No

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

4.	contract or subcontract for lack of responsibility, or denial or revocation of pre-qua	lification	☑ No
_	for any bid in any state or municipality, or a voluntary exclusion agreement?		✓ No
5. 6.	Any pending or open investigation of a possible violation, or determination of a vio	lation of any	MZ NO
	federal law or regulation including, but not limited to, investigations by the National		
	Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hou		☐ No
7.			☑ No
	 Any OSHA citation that resulted in a final determination classified as serious, v 		☑ No
8.	New York State law or regulation, any other state law or regulation, or any mur regulation including, but not limited to, investigations by the Bureau of Public V	nicipal law or Vork, the	
	Division of Safety and Health, or the Division of Labor Standards?	Ves	☐ No
	b. If 'Yes', was the violation determined to be willful?		✓ No
9.	(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.	O. Any stipulations, settlement, consent order, or like agreement involving any state,	municipal, or	
	federal enforcement action (judicial or regulatory) other than those covered above	ve? ✓ Yes	☐ No
	After completing Sections I and II, you must sign Section III, a	nd have it notarized	g.
Secti	ction III		
Depart serving	tification – I, the undersigned, recognize that I submit this questionnaire to permit the artment of Labor to review the background of the applicant, sponsor, union, or signatoring as a member of the JAC/JATC or other governing body at the time of new program	ory employers and associ	
probat	pation, at recertification, or as otherwise deemed appropriate by the Department.		
I certi	ertify:		
	 That the Department may use its sole discretion to choose the means to dete of all statements made herein. 	rmine the truth and accur	acy
,	 That intentional submission of false or misleading information may constitute under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1, imprisonment of up to one year (PL § 70.15(1)). 		or
9	• That the information submitted in this questionnaire and any attachments is tr	rue, accurate, and comple	ete.
particip applica	undersigned recognizes that any adverse information uncovered regarding any applicition in a Joint Apprenticeship Committee, or other sponsoring association, may a lication request or program. Signing this document constitutes permission to release mation concerning the entity completing this form to the program sponsor.	dversely affect the spons	or's
		2/29/24	
Signat	nature of CEO, Chair, or representative granted legal authority to bind the Entity	Date	
	t name and title: Kichard A. DAUEY, PRESIDENT N	YCT	
Sworn	orn to me this: 29th day of FEORUARY2024 Signature of Notary Public	or Commissioner of Deed	
[[ETH PEREZ	10
	RECEIVED Notary Public,	State of New York	
	No. 01F	PE6002740	
	APR 4 2024 Commission Expire	Queens County es February 17, 2026	
	Apprentice Training Albany Office NYS Department of Labor Apprentice Training	, ,	
-	Field - Receipt Date Stamp		

Central Office

AT 9 (09/21)



APR 1 9 2024

NYS Department of Labor

Apprentice Training

www.labor.ny.gov

Central Office

Apprentice Training Program Registration Agreement

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3. Actual Address:		& street)	Broo	oklyn (city)	<u>N</u>	(state)	11201 (zip	code)	Kings (county)	oleC
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6. Trade/Occupatio	n: Elevato	r Servicer	and Repaire	er					THE SECOND CO.	This is
7. No. Employees:	50000	No. Appre	entices: 16	8 No.	Journeywor	kers: 197	8. R	atio: 1:1	1:2	
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9. DOT Code:	2919, 809	ev, entra	alget to of	seareagne i	10. Le	ength of Pro	gram: 30	apaw ar	_ months	
11. Apprentice Proba	ationary Pe	eriod: 9 Mo	onths	GUELL VELL	_ 12. Wo	ork process:	Standard	or	Revised 🗸	
13. Minimum Journe	wworker R	ate: \$42.06	per	hour	14. Eff	fective Date	of Wages:		05/16/2022	
	•				- , ((())(())()		gX1DWyer	190 10	no. ISI Harriu	iach
15. Apprentice wage	progressi	on for each	period – in	months (M)	or hours (H)				
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Wage



Sponsor Code	
Trade Code 56-360	

Related Instruction Availability

Trade: Elevator Servicer and Repairer			
Sponsor Name: New York City Transit			
Sponsor Representative: Monica DeCosta Mon	ica Da cost	a	
Sponsor Address:			•
No. & Street: 130 Livingston Street	City:	Brooklyn	<u>-</u>
County: Kings	State: NY	Zip Code: 1	1201
Sponsor Telephone No.: 718-694-4280			
Proposed Number of Apprentices:			•
AT Office			
Name: Human Resources NYS DOL			
No. & Street: 199 Church Street			
City: New York	State: NY		
Apprentice Training Representative: Daniel	Paris	Date Prepare	ed:
Related instruction is not available. School Name: Transit Learning Center No. & Street: 2125 W 13th Street	Related instruction	iii ia avallabio at.	
City: Brooklyn	State: NY	Zip Code: 1	1223
School Representative Contact Information: Name: Natasha Duke			
Telephone No.: (718) 694-4260	Email:		
School Name:		1	NYS Department of Labor Apprentice Training
No. & Street:			APR 1 9 2024
City:		Zip Code:	Control Office
School Representative Contact Information:		·	Central Office
Name:			
Telephone No.:	Email:		
DLEA			
Name: Emeral d Robert & NYC Depte	of ED city w	ide office	259
No. & Street: 90 - 01 Sulpmis Bl	vd 20.2 [-1	im 279	
City: Janaich	2 State: D	Y Zip Code:	11433
Signature of DLEA	·	Date Prepared:	4/1/2~
AT 8 (4/19)			

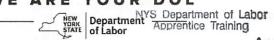


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				Physical add	ress of Program Spons	sor (no. and street)
				130 Livir	igston St	2 Pa Applentice agreed
				City	County	State Zip code
				-	n, Kings Coun	•
				THE PARTY OF THE P	ess of Program Sponso	or (no. and street)
				130 Liv	ingston St	
				City	County	State Zip code
				Brookly	n, Kings, NY	11201
				2. Trade: 🗸	Time-based	mpetency-based Hybrid
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				Fleva	tor Servic	er and Repaire
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		truction (PI)	Provider(s) and location(s)		RI Compensated	7. Minimum Journey-Worker Rate
		Victoria de la	ocation (Brooklyn)		✓ Yes	\$42.06
8.Credit for	previous training or e	xperience:	24 Months	Points	Sections	Learning A Top or Migray
		onal Educat	s unimareA ent	orionas /Empl	New '	York City Transit
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NEW YORK STATE	Department of Labor	APR	1	9	2024
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		rdian if age 1	3 /25/24 Q 6-17 Date	Signature of	Official Sponsor Represen	tative Date
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						Date Init.
	Signature	New York State De	enartment of Lahor	/	A Principal Control of the	To DLEA
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WE ARE YOU'RS Department of Labor Apprentice Training OF APR 1 9 2024

APR 1 9 2024

I. Apprentice	ship Agreement	Central Office	Sponsor No	13 T 1 10 GG 17	_ ATP Code <u>56-3</u>	360
					Program Sponsor	com the summer
				New Yo	ork City Trans	it (NYCT)
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AT 401 (09/23)

APR 1 9 2024

Apprenticeship Agreement

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Must be returned within 30 days of receipt



Sponsor Code:	
Trade Code:	56-360

www.labor.ny.gov

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: New York Ci	ty Transit			
•	0 Livingston Stree	t, Brooklyn, NY 11201		
Is presently accepting appli	cations for Apprenticesh	ip Training Positions: List estin	nated number of openings:	
In the occupation of: (List T	rade) Elevator Service	cer and Repairer		
If you are interested in tal eligible to apply.	king advantage of this '	training opportunity and med	et the following qualificat	ions, you are
Minimum Qualifications Minimum Age: 17	_ Minimum Education:	Graduation from an approved technical electrical, electro-mechanical, electroni vocational school graduate with at least	ic technology, or electrical construction	on; or a non-technical or
Physical Condition: Be phys	sically able to perform th	e work required as determined	i by:	
NYCT Occupational	Health Services		·	
application fees charged to Other: Minimum average of 75% i Must have a good attendar Must have a recommendat Other: GED/High School	an applicant may not reson CTE/locational courses. Ince record. Income letter from a current teacher. Income Diploma (CTE Seal Course)	re at the expense of the sponsorsult in a profit for the sponsor.) mentor, employer, or other professional vor Vocational or Traditional) ermanent resident card or electrons.	who can attest to academic or profes), valid photo ID (state or	sional experience. • passport), birth
Other: Must be able to p determined fit for	= -	ground test. Must be able t	to pass a physical exam	ination and be
			N	IYS Department of Labo Apprentice Training
Application forms may be	-	То:		APR 1 9 2024
Name: Human Resource				Central Office
Address: 180 Livingsto	on St, Ground Fl			
Days: Monday - Friday		Times: 9am - 5	pm	
Phone: (646) 376-0123		Email:		
Special Instructions:				
		•		
All Applications Must be (pl	ease check)	ived ☐ Postmarked No	Later Than:	

NEW YORK STATE	Department of Labor	
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Sponsor Code	
Trade Code(s)	56-360

New York State Department of Labor **Apprentice Training Program Affirmative Action Plan**

✓ New Program ☐ Amended ☐ Renewal							
To be Administered by (Sponsor's Name): MTA - New York City Transit							
Address: 130 Livingston Street, 3rd Floor, Brooklyn State: NY Zip: 11201							
Plan is effective: From:1/1/24To:1/1/29							
On behalf of the above-named sponsor, I certify that it is our intent to fulfill this Affirmative Action Plan.							
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.							
Print Name: Richard Davey							
Title: President, NYC Transit							
Do not write below this line.							
Approved by: Date:							
NYS Department of Labor							
Title:							

NYS Department of Labor Apprentice Training

APR 1 9 2024

Central Office

Part II - Labor Force Analysis/Utilization Study

A.	The total labor force is 4,354,475	in the following county(counties):
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New York	Richmond	
Kings	Queens	_
Bronx		

The labor force includes:*

Minorities

Women	2,130,370	48.92	%
Total Minorities	2,841,100	65.25	%
Other Minorities**	741,135	17.02	%
Hispanic	1,181,690	27.14	%
African American	918,275	21.09	%

B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county (counties) of recruitment.

Goal for Total Minorities:	65.25	%
Goal for Women:	6.9	%

NYS Department of Labor Apprentice Training

APR 1 9 2024

Central Office

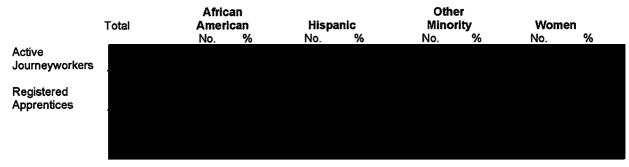
^{*} Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division, Bureau of Labor Market Information, State Office Bldg. Campus, Bldg. #12, Room 402, Albany, NY 12240, telephone: (518) 457-6657.

^{**} Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

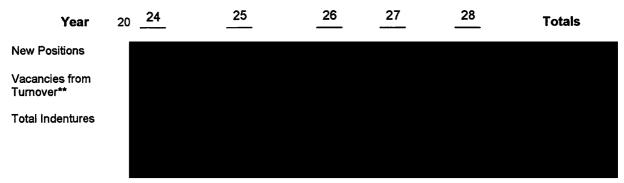
Part III - Current and Projected Staffing and Annual Goals

Title of Trade Elevator Servicer and Repairer

A. Current Staffing in the Above Trade

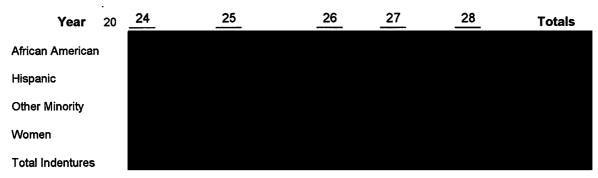


B. Projected Number of Apprentice Indentures*



C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:*



The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

NYS Department of Labor Apprentice Training

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Central Office

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^{*} Where no apprentice indentures are planned for a particular group or year, enter "0".

^{**} Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).

Part IV - Action Plans and Requirements (continued)

R	Recruitment	١

	It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):				
	_ 1		Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600). An area-wide public recruitment will publicize the following information:		
		а			
		b			
		C	. Where and when applications may be obtained.		
		d	. When applications are to be submitted.		
		е	Affirmative Action policy of the sponsor.		
	2		Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before any selections are made.		
	3		Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (https://newyork.usnlx.com/).		
	√ 4		Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used must be attached to be submitted to the Commissioner of Labor for review and approval prior to being used.*		
C.	C. Methods for Selection of Apprentices				
	Selection of apprentices will be made under one of the following four methods. (Check One):				
	_ 1	a	Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her		

place for testing and/or interview.

AT 603 (01/22) APR 1 9 2024 Page 6 of 8

qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and

^{*} A sponsor using this method of recruitment should contact their Apparentice Training Representative for technical assistance.

Apprentice Training

Part IV - Action Plans and Requirements (continued)

- C. Methods for Selection of Apprentices (continued)
 - Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
 - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement.*
 - Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
 - a. The method of random selection shall be subject to approval by the Commissioner of Labor.
 - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
 - The expected time and place of the selection shall be indicated in the recruitment notice.
 - d. The place of the selection shall be open for all applicants and the public.
 - The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
 - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.
 - 4. Alternative selection methods.**

If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used **must be attached** and **submitted to the Commissioner of Labor** for review and approval prior to being used.

D. Minimum Selection Standards and Evaluation.

It is agreed that the minimum qualifications and selection standards utilized will be those listed on Form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and/or on Form AT 508, Selection Standards and Evaluations, attached.

NYS Department of Labor Apprentice Training

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^{*} Sponsors are advised to keep all applications for a minimum of one year.

^{**} A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.