



NYSDOL Use Only: Sponsor No. _____
[X] New Program [] Reactivation [] Revision [] Recertification

New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprenticeship Training

Sponsor Information Sheet and Instructions

AUG 16 2021

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Office Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

- A. Sponsor name: Addison Precision Manufacturing Corp.
B. Trade(s): Manufacturing Engineering Technician
C. Type of Apprenticeship Training Program (check one):
1. [X] 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: Addison Precision Manufacturing Corp.
E. Entity completing this form (check one):
[X] 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: 100 Gates Greece Townline Road
City/Town: Rochester State: NY Zip Code: 14606
G. Email: [Redacted] H. Phone: (585) 254-1386 I. Fax: (585) 254-5342
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? [X] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[X] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 64
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] 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 [X] 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 [X] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [X] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [X] No

** 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:

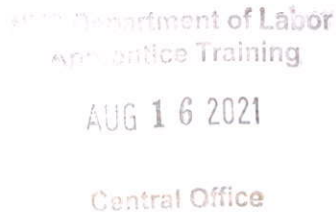
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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.

Rodney Champagne CEO 7/9/2021
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Rodney Champagne, CEO

Sworn to me this: 9th day of July 2021 Charlene Pettrone
 Signature of Notary Public or Commissioner of Deeds



CHARLENE PETTRONE
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01PE6398396
 Qualified in Monroe County
 My Commission Expires 09-30-2023

Apprentice Training Program Registration Agreement

ROCHESTER

Revision

Nature of Change: New Program Application

State Use Only	
AT Sponsor No.	
ATP Code	47-570
Effective Date of AT Program	

- Name of Sponsor: Addison Precision Manufacturing Corp.
- Mailing Address: 100 Gates Greece Townline Rd Rochester NY 14606 Monroe
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 585-254-1386 Ext. _____ Fax No.: 585-254-5342
- E-mail Address: _____
- Trade/Occupation: Manufacturing Engineering Technician
- No. Employees: 78 No. Apprentices: 1 No. Journeyworkers: 14 8. Ratio: 1:1:1
- DOT Code: 012.167-042 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 27.00 per Hour 14. Effective Date of Wages: 7/21/2021

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"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input type="checkbox"/>
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
\$15.00	\$16.00	\$17.00	\$18.00	\$19.00	\$20.00	\$21.00	\$22.00		

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

17. Eric Caudill 7-29-2021 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Eric Caudill, President _____
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

NYS Department of Labor
Apprentice Training

AUG 16 2021

Central Office



AUG 16 2021

Please send to your regional DOL office:

276 Waring Rd, Rochester NY 14609

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 47-570

Name of Apprentice (Last, First, M.I.) Caudill Ryan M

1. Name of Program Sponsor Addison Precision Manufacturing Corp.

Physical address of Program Sponsor (no. and street) 100 Gates Greece Townline Rd

City Rochester County Monroe State NY Zip code 14606

Mailing address of Program Sponsor (no. and street) Same

City _____ County _____ State _____ Zip code _____

2. Trade: Time-based Competency-based Hybrid

Manufacturing Engineering Technician

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) Monroe Community College, Rochester, NY

RI Compensated Yes No

7. Minimum Journey-Worker Rate \$27.00

8. Credit for previous training or experience: Months 6 Points _____ Sections _____

Reinstatement Vocational Education Transfer Previous Experience (Employer name): Addison Precision Mfg.

9. Apprenticeship Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000		
\$15.00	\$16.00	\$17.00	\$18.00	\$19.00	\$20.00	\$21.00	\$22.00		

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

Ryan Caudill 7/29/21 Eric M Caudill 7/29/2021
 Signature of Apprentice and Parent/Guardian if age 16-17 Date Signature of Official Sponsor Representative Date

Registered by the New York State Department of Labor:

 Signature New York State Department of Labor Date

State Use Only

Date _____ Init. _____

To ATC _____

To DLEA _____

Rank Verify _____

Date 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 (Lack of Work) Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

 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

Date _____ Init. _____

To ATC _____

To DLEA _____

Date Entry _____

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 _____

Date Entry _____

Received
Apprenticeship Unit

AUG 9 2021

WE ARE YOUR DOL



Department of Labor
Apprenticeship Training Program

Sponsor Code _____
Trade Code 47-570

ROCHESTER

Related Instruction Availability

NYS Department of Labor
Apprentice Training

AUG 16 2021

Central Office

Trade: Manufacturing Engineering Technician

Sponsor Name: Addison Precision Manufacturing Corp.

Sponsor Representative: Eric Caudill

Sponsor Address: _____

No. & Street: 100 Gates Greece Townline Rd City: Rochester

County: Monroe State: NY Zip Code: 14606

Sponsor Telephone No.: 585-254-1386

Proposed Number of Apprentices: 1

AT Office

Name: New York State Department of Labor

No. & Street: 276 Waring Rd

City: Rochester State: NY Zip Code: 14609

Apprentice Training Representative: [REDACTED] Date Prepared: 7/21/21

Related instruction is not available. Related instruction is available at:

School

Name: Monroe Community Collegeroe Community College

No. & Street: 2485 West Henrietta Road

City: Rochester State: NY Zip Code: 14623

School Representative Contact Information:

Name: Michael Smith

Telephone No.: 585-685-6305 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: [REDACTED]

No. & Street: 30 Hart Street

City: Rochester State: NY Zip Code: 14605

Signature of DLEA: [REDACTED] Date Prepared: 8/3/2021

WE ARE YOUR DOL



Sponsor Code: _____

Trade Code: 47-570

Apprentice Training Recruitment Notification and Minimum Qualifications

*NY State Department of Labor
Apprenticeship Training*

Sponsor: Addison Precision Manufacturing Corp. AUG 16 2021

Located at: (Address) 100 Gates Greece Townline Rd, Rochester, NY 14606

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: Central Office

In the occupation of: (List Trade) Manufacturing Engineering Technician

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 (Such as TASC or GED)

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

A verbal statement. Must be able to stand for an 8 hour shift and lift 25 lbs unassisted.

(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 willing to submit to a random drug test at any time during the apprenticeship at the expense of the sponsor.

Other: Must be an employee of Addison Precision Manufacturing Corp.

Other: Must have reliable transportation to and from work and Monroe Community College for Related Instruction.

Application forms may be obtained: From: _____ To: _____

Name: Eric Caudill

Address: 100 Gates Greece Townline Rd, Rochester, NY 14606

Days: Monday - Friday Times: 7:30 AM - 4:00 PM

Phone: (585) 254-1386 Email: [REDACTED]

Special Instructions:

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

AUG 2 2021

WE ARE YOUR DOL



Department
of Labor

Sponsor Code _____
Trade Code(s) 47-570 _____

Selection Standards and Evaluations

Name of Candidate _____	Trade Manufacturing Engineering Technician		
Address _____	City _____	State _____	Zip _____

		Maximum Points Allowable	Number of Years Credited	Score	
Only those checked apply.					
Educational Achievement					
<input checked="" type="checkbox"/> 1 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities	Total	20			Total
<input checked="" type="checkbox"/> 1 Points for Each Year of Related Technical Education Past Grade 10 or Equivalent as Recognized by Local Educational Authorities		4			
<input checked="" type="checkbox"/> 2 Points for Each Trade Related Adult or Continuing Education Course Completed		6			
<input type="checkbox"/> Other _____		10			
Work Experience					
<input checked="" type="checkbox"/> 2 Points for Each Year of Trade Related Work Experience	Total	20			Total
<input checked="" type="checkbox"/> 2 Points for Each Year of Active Military Experience		8			
<input checked="" type="checkbox"/> 1 Points for Each Year of General Work Experience		8			
<input type="checkbox"/> Other _____		4			
Seniority					
<input checked="" type="checkbox"/> 5 Points for Each Year of Employment With The Sponsoring Firm	Total	20			Total
<input type="checkbox"/> Other _____		20			
Job Aptitude					
<input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____	Total				Total
<input type="checkbox"/> Name of Alternative Aptitude Test _____ Administered by _____					
<input type="checkbox"/> Other _____					
Oral Interview: Not to Exceed 40% of Total Score					
<input checked="" type="checkbox"/> 1 Ability to Communicate	Total	40			Total
<input checked="" type="checkbox"/> 1 Willingness to Accept Obligation of Apprenticeship		10			
<input checked="" type="checkbox"/> 1 Ability to Reason and Comprehend		10			
<input checked="" type="checkbox"/> 1 Interest and Motivation		10			
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Other _____					

Total Allowable Points



100

Total Score →

Rank _____

Evaluated by _____ Date _____

Name

NY State Department of Labor
Apprentice Training

Sponsor Name Addison Precision Manufacturing Corp.

AUG 16 2021

Sponsor Address 100 Gates Greece Townline Rd, Rochester, NY 14606

Central Office



Non-Discrimination Plan (Short Form)

ROCHESTER

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.

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; and/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 an employee is an apprentice, the program's apprenticeship administrator and the NYS Apprenticeship Director 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, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, on file with the Department.

D. Recruitment: It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):
[] Listing all apprentice openings with the NYS Job Bank (www.newyork.us.jobs/) 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 Job Bank (www.newyork.us.jobs/).
[] 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 sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: Rodney Champagne CEO 7/29/2021 Date

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

Rodney Champagne CEO Print Name and Title

Approved by: _____ NYS Department of Labor _____ Date

Sponsor Name Addison Precision Manufacturing Corp. Sponsor Code _____ No. of Apprentices 1

Trade(s) Manufacturing Engineering Technician Trade Code(s) 47-570

