



NYS DOL Use Only: Sponsor No. 52262
[ ] New Program [ ] Reactivation [ ] Revision [x] Recertification

New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Sponsor Information Sheet and Instructions

JUL 29 2022

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 the form.

Section I

- A. Sponsor name: Astrocom Electronics Inc.
B. Trade(s): Building Maintenance Mechanic
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: Astrocom Electronics Inc.
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: 115 D. K. Lifgen Drive
City/Town: Oneonta State: N.Y. Zip Code: 13820
G. Email: [redacted] H. Phone: (607) 432-1930 I. Fax: (607) 432-1286
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 [x] 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? 61
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.

Terry Lifgren Signature of CEO, Chair, or representative granted legal authority to bind the Entity 7/6/22 Date

Print name and title: TERRY LIFGREN PRESIDENT

Sworn to me this: 6<sup>th</sup> day of July, 2022 Lael Benedict Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

NYS Department of Labor  
 Apprentice Training  
 My Commission Expires June 15, 20 26  
 LAEL BENEDICT  
 Notary Public, State of New York  
 No. 01BE6008865  
 Qualified in Otsego County  
 JUL 29 2022  
 Central Office

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**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	52262
ATP Code	56382
Effective Date of AT Program	

1. Name of Sponsor: Astrocom Electronics Inc  
 2. Mailing Address: 115 D.K. Lifgren Drive Oneonta NY 13820 Otsego  
(number & street) (city) (state) (zip code) (county)  
 3. Actual Address: \_\_\_\_\_  
(number & street) (city) (state) (zip code) (county)  
 4. Telephone No.: 607-432-1930 Ext. 159 Fax No.: 607-432-1286  
 5. E-mail Address: \_\_\_\_\_

6. Trade/Occupation: Building Maintenance Mechanic  
 7. No. Employees: 97 No. Apprentices: 1 No. Journeyworkers: 2 8. Ratio: 1:1  
 9. DOT Code: 899.381-010 10. Length of Program: 24 months  
 11. Apprentices Probationary Period: 6 months 12. Work process: Standard  or Revised   
 13. Minimum Journeyworker Rate: ~~\$15.00~~ per HR 14. Effective Date of Wages: 2-7-22

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

1	2	3	4	5	6	7	8	9	10
M <input checked="" type="checkbox"/> H <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/> H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>
15.00	17.00								

16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.  
 17. Thomas J.C. Davis 6-28-22 18. \_\_\_\_\_  
Signature of Official Sponsor Representative Date Signature of Union Representative Date  
THOMAS J.C. DAVIS ENGINEER MANUFACTURING MANAGER  
Print Name and Title DIRECTOR OF TRAINING Print Name, Title, and Union Name

19. \_\_\_\_\_  
Signature New York State Department of Labor Date

NYS Department of Labor  
 Apprentice Training  
 JUL 29 2022  
 Central Office

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Apprenticeship Training Program

Sponsor Code 52262

Trade Code 56382

**Related Instruction Availability**

Trade: Building Maintenance Mechanic

Sponsor Name: Astrocom Electronics Inc

Sponsor Representative: Tom Davis

Sponsor Address:

No. & Street: 115 D.K Lifgren Drive City: Oneonta

County: Ostego State: NY Zip Code: 13820

Sponsor Telephone No.: 607-432-1930 ext 159

Proposed Number of Apprentices: 1

**AT Office**

Name: NYS Department of Labor

No. & Street: Harriman State Office Campus Building 12, Room 459

City: Albany State: NY Zip Code: 12240

Apprentice Training Representative: M.Ferraro Date Prepared: 7/20/22

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

**School**

Name: Astrocom Electronics Inc

No. & Street: 115 D.K Lifgren Drive

City: Ostego State: NY Zip Code: 13820

School Representative Contact Information:

Name: Tom Davis

Telephone No.: 607-432-1930 ext 159 Email: [REDACTED]

**School**

Name: \_\_\_\_\_ **NYS Department of Labor  
Apprentice Training**

No. & Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: JUL 29 2022

School Representative Contact Information:

Name: \_\_\_\_\_ **Central Office**

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**DLEA**

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of DLEA \_\_\_\_\_ Date Prepared: \_\_\_\_\_

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[www.labor.ny.gov](http://www.labor.ny.gov)

Sponsor Code: 52262

Trade Code: 56382

**Apprentice Training Recruitment Notification and Minimum Qualifications**

Sponsor: Astrocom Electronics Inc

Located at: (Address) 115 D.K. Lifgren Drive Oneonta NY 13820

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: \_\_\_\_\_

In the occupation of: (List Trade) Building Maintenance Mechanic

**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: 9th grade reading and math level

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

None

(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 pass a drug screening paid for by the sponsor at the time of the offer of employment.

Other:

Other:

NYS Department of Labor  
Apprentice Training

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Central Office

Application forms may be obtained: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: Astrocom Electronics Inc

Address: 115 D.K. Lifgren Drive Oneonta NY 13820

Days: Monday to Friday Times: 8:00 - 4:00

Phone: (607) 432-1930 Email: \_\_\_\_\_

Special Instructions:

Apply in person or on-line at [astrocom-electronics.com](http://astrocom-electronics.com) or at the CDO Workforce NY Office

All Applications Must be (please check)  Received  Postmarked No Later Than: \_\_\_\_\_



**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: Building Maintenance Mechanic

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
<b>Educational Achievement</b>		<b>Total</b>		<b>Total</b>
<input checked="" type="checkbox"/> <u>5</u>	Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	28		
<input checked="" type="checkbox"/> <u>5</u>	Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	10		
<input type="checkbox"/> _____	Points for Each Trade Related Adult or Continuing Education Course Completed	10		
<input checked="" type="checkbox"/> <u>8</u>	Other: <u>High School Diploma or equivalent</u>	8		
<b>Work Experience</b>		<b>Total</b>		<b>Total</b>
<input type="checkbox"/> _____	Points for Each Year of Trade Related Work Experience	25		
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Year of Active Military Experience	25		
<input type="checkbox"/> _____	Points for Each Year of General Work Experience			
<input type="checkbox"/> _____	Other: _____			
<b>Seniority</b>		<b>Total</b>		<b>Total</b>
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Year of Employment with The Sponsoring Firm	25		
<input type="checkbox"/> _____	Other: _____	25		
<b>Job Aptitude</b>		<b>Total</b>		<b>Total</b>
<input type="checkbox"/> _____	Name of Aptitude Test: _____			
<input type="checkbox"/> _____	Administered by _____			
<input type="checkbox"/> _____	Other: _____			
<b>Oral Interview: Not to Exceed 40% of Total Score</b>		<b>Total</b>		<b>Total</b>
<input checked="" type="checkbox"/> <u>1</u>	Ability to Communicate	22		
<input type="checkbox"/> _____	Willingness to Accept Obligation of Apprenticeship	11		
<input type="checkbox"/> _____	Ability to Reason and Comprehend			
<input checked="" type="checkbox"/> <u>1</u>	Interest and Motivation	11		
<input type="checkbox"/> _____	Other: _____			
<input type="checkbox"/> _____	Other: _____			

Total Allowable Points →

100	Total Score →
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Rank \_\_\_\_\_

Evaluated by: \_\_\_\_\_ (Name) Date: \_\_\_\_\_

Sponsor Name: Astrocom Electronics Inc

Sponsor Address: \_\_\_\_\_

*NYS Department of Labor  
Apprentice Training*

*JUL 29 2022*

*Central Office*

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Department of Labor

[www.labor.ny.gov](http://www.labor.ny.gov)

## 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; 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 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 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 (<https://newyork.usnlx.com>) 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 (<https://newyork.usnlx.com>).
- 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: Thomas JC Davis June 28, 2022  
Date

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

THOMAS JC DAVIS DIRECTOR OF TRAINING, ENGINEER MANAGER (MANUFACTURING)  
Print Name and Title

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
New York State Department of Labor

Sponsor Name Astrocom Electronics Inc Sponsor Code 52262 No. of Apprentices >5

Trade(s) QAA, IMT, Building Maintenance Mechanic Trade Code(s) 89558,47567,56382  
NYS Department of Labor  
Apprentice Training

AT 602 (12/21)

JUL 29 2022

Central Office