



NYS DOL Use Only: Sponsor No. _____

New Program Reactivation Revision Recertification

NYS Department of Labor
Apprentice Training

AUG 18 2021

Central Office

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: Bellaphia Construction Inc D.B.A Dr Sparks Electric
- B. Trade(s): Electrician
- 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: Bellaphia Construction Inc D.B.A Dr Sparks Electric
- 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: 165 Ramapo Road
 City/Town: Garnerville State: NY Zip Code: 10923
- G. Email: [REDACTED] H. Phone: (845) 786-8787 I. Fax: (845) 786-5208
- 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? 18
- 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.

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] 8-5-21
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Dominic DiCicco

Sworn to me this: 9th day of August Lise M. Schoales
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

01SC5032496
 8/29/2022 Expiration
 County of Rockland
 State of New York
 AUG 18 2021

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Apprentice Training Program Registration Agreement

Revision

Nature of Change: New program

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

- Name of Sponsor: Bellaphia Construction Inc D.B.A. Dr Sparks Electric
- Mailing Address: 165 Ramapo Rd Garnerville NY 10923 Rockland
(number & street) (city) (state) (zip code) (county)
- Actual Address: 165 Ramapo Rd Garnerville NY 10923 Rockland
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 845-786-8787 Ext. _____ Fax No.: 845-786-5208
- E-mail Address: _____
- Trade/Occupation: Electrician
- No. Employees: 6 No. Apprentices: 1 No. Journeyworkers: 3 8. Ratio: 1:1:3
- DOT Code: 637.261.014 10. Length of Program: 60 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 20.50 per hour 14. Effective Date of Wages: 8/3/2021

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 checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
\$12.50	\$14.50	\$16.50	\$18.50	\$20.50					

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

17. [Signature] 8-9-21 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
 Dominic Dicarlo Owner _____
 Print Name and Title Print Name, Title, and Union Name

19. _____ Date
 Signature New York State Department of Labor

NYS Department of Labor
 Apprentice Training

AUG 18 2021

Central Office



Department of Labor

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Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code _____

Name of Apprentice (Last, First, M.I.) Prentice, James		1. Name of Program Sponsor Bellaphia Const. D.B.A. Dr Sparks Electric	
[Redacted]		Physical address of Program Sponsor (no. and street) 165 Ramapo Rd	
		City Garnerville, Rockland	State Zip code NY 10923
		Mailing address of Program Sponsor (no. and street) 165 Ramapo Rd	
		City Garnerville, Rockland	State Zip code NY 10923
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) USIS Electric, 25 Ramland Rd, Orangeburg NY 10962		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Electrician	5. DOL Apprentice Probation Period for Completion Rates (Months) 12 12 months
7. Minimum Journey-Worker Rate \$20.50		3. Start Date	4. Length of program (Months) 60
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name):		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

1	2	3	4	5	6	7	8	9	10
12 months	12 months	12 months	12 months	12 months					
\$12.50	\$14.50	\$16.50	\$18.50	\$20.50					

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

James Prentice

Signature of Apprentice and Parent/Guardian if age 16-17

8, 9, 21

Date

[Signature]

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	<i>8/17/2021</i>	<i>JUR</i>
To DLEA	_____	_____
Rank Verify	_____	_____
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 (Lack of Work) Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
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.

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	_____	_____
Data Entry	_____	_____

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Sponsor Code _____

Trade Code _____

Related Instruction Availability

NYS Department of Labor
Apprentice Training

Trade: Electrician

Sponsor Name: Bellaphia Construction Inc D.B.A. Dr Sparks Electric

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Sponsor Representative: Dominic Dicarlo

Sponsor Address: _____

Central Office

No. & Street: 165 Ramapo road City: Garnerville

County: Rockland State: NY Zip Code: 10923

Sponsor Telephone No.: 914-490-0168

Proposed Number of Apprentices: 1

AT Office

Name: NYS Dept. of Labor Apprenticeship Program

No. & Street: 120 Bloomingdale Rd. 2nd Floor

City: White Plains State: NY Zip Code: 10605

Apprentice Training Representative: [Redacted] Date Prepared: 08/17/2021

Related instruction is **not** available.

Related instruction is **available** at:

School

Name: USIS Electric

No. & Street: 25 Ramland Rd

City: Orangeburg State: NY Zip Code: 10962

School Representative Contact Information:

Name: Kelly Dilello

Telephone No.: 845-353-9242 Email: [Redacted]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

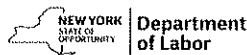
Name: [Redacted]

No. & Street: 65 Parrott Road

City: West Nyack State: NY Zip Code: 10994

Signature of DLEA _____ Date Prepared: 8/3/21

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Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code _____

Bellaphia Construction D.B.A. Dr Sparks Electric _____, located at

(Sponsor)

165 Ramapo Rd, Garnerville NY _____

(Address)

NYS Department of Labor
Apprentice Training

is presently accepting applications for an estimated 1 apprentice training positions in
(No. of Openings)

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the occupation of Electrician

(Trade)

Central Office

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 or high school equivalent such as GED or TASC

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

Must be able to lift a minimum of 20lbs, bend for extended periods of time in small spaces such as attics or crawls spaces, use ladders.

(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 have a valid drivers license to operate company vehicles

Other: Must have reliable means of transportation to work and related instructions

Other: _____

Application Forms may be obtained from: From: _____ To: _____

Name: Bellaphia Construction Inc. D.B.A. Dr Sparks Electric Days: _____

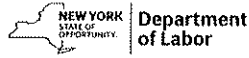
Address: 165 Ramapo Road Times: _____
Garnerville, NY 10923

Phone Number: (845) 786-8787 Email Address: Dominic@drsparksnynj.com

Special Instructions: _____

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

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Sponsor Code _____
 Trade Code(s) _____

Selection Standards and Evaluations

Name of Candidate James Prentice	Trade Electrical
Address 51 Cranford Drive	City New City
State NY	Zip 10956

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement <input checked="" type="checkbox"/> 2 Points for Each Year of Education 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>8</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 1 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	Total	21		8	Total
Work Experience <input checked="" type="checkbox"/> 2 Points for Each Year of Trade Related Work Experience <input type="checkbox"/> Points for Each Year of Active Military Experience <input type="checkbox"/> Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	Total	10		10	Total
Seniority <input checked="" type="checkbox"/> 2 Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	Total	10		10	Total
Job Aptitude <input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input type="checkbox"/> Name of Alternative Aptitude Test _____ Administered by _____ <input type="checkbox"/> Other _____	Total				Total
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> 1-5 Ability to Communicate <input checked="" type="checkbox"/> 1-5 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 1-5 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 1-5 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Total	20		5	Total

Total Allowable Points **→** 61 **Total Score →**

Rank _____

Evaluated by _____ Name _____ Date _____

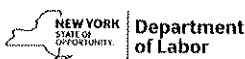
Sponsor Name Bellaphia Construction Inc D.B.A. Dr Sparks Electric

Sponsor Address 165 Ramapo Rd, Garnerville NY 10923

NYS Department of Labor
Apprentice Training

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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 (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: _____

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

8-9-21
Date

Dominic Dicarlo

Owner

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name _____

Sponsor Code _____

No. of Apprentices _____

Trade(s) _____

Trade Code(s) _____

NYS Department of Labor
Apprentice Training

AT 602 (11/20)

AUG 18 2021

Central Office