



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

New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprentice Training

Sponsor Information Sheet and Instructions FEB 06 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 form.

Section I

- A. Sponsor name: High Peaks Solar, LLC
B. Trade(s): Electrician
C. Type of Apprenticeship Training Program (check one): 1. [X] Individual Non-Joint
D. Name of entity completing this form: High Peaks Solar, LLC
E. Entity completing this form (check one): [X] Individual Employer/Sponsor
F. Mailing address: Street: 180 Main Avenue, City/Town: Wyanantskill, State: N.Y., Zip Code: 12198
G. Email: [Redacted] H. Phone: 518-209-6727 I. Fax: 518-238-3931
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
M. Type of Entity (check one and provide attachments as noted in the instructions): [X] LLC
N. How many years has your organization been in business? 15
O. Within the past five (5) years, have you done business under a different name? [X] 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? [X] No

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? [X] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [X] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [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.

Kevin Bailey 1/19/24
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Kevin Bailey, sole member High Peaks Solar, LLC

Sworn to me this: 19 day of January 2024 Bonnie Mariano
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

BONNIE MARIANO
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MA6227350
Qualified in Albany County
Commission Expires August 22, 2026

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Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only
AT Sponsor No.
ATP Code 17-072
Effective Date of AT Program

1. Name of Sponsor: High Peaks Solar, LLC
2. Mailing Address: 180 Main Ave. Wynantskill N.Y. 12198 Bennington
(number & street) (city) (state) (zip code) (county)
3. Actual Address: - same →
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: 518-209-6727 Ext. _____ Fax No.: 518-238-3931
5. E-mail Address: [REDACTED]
6. Trade/Occupation: Electrician
7. No. Employees: 6 No. Apprentices: 1 No. Journeyworkers: 2 8. Ratio: 1:1:1:3
9. DOT Code: 47-2111.00 10. Length of Program: 60 months
11. Apprenticeship Probationary Period: 12 Months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$ 37 per hour 14. Effective Date of Wages: 1/19/24

15. Apprenticeship 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"/>
H	<input checked="" type="checkbox"/>	H	<input checked="" type="checkbox"/>	H	<input checked="" type="checkbox"/>	H	<input checked="" type="checkbox"/>	H	<input type="checkbox"/>	H	<input type="checkbox"/>
	0-2000	2001-4000	4001-6000	6001-8000	8001-8200						
	\$27.50	\$30.00	\$31.00	\$32.00	\$37.00						
	hr.	hr.	hr.	hr.	hr.						

16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.
 17. Kevin Bailey 1/19/24
Signature of Official Sponsor Representative Date
 18. _____
Signature of Union Representative Date
- Kevin Bailey, sole member, High Peaks Solar LLC
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

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Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 17-072

Related Instruction Availability

Trade: Electrician

Sponsor Name: High Peaks Solar LLC

Sponsor Representative: Kevin Bailey

Sponsor Address: _____

No. & Street: 180 Main Ave City: Troy

County: Rensselaer State: NY Zip Code: 12180

Sponsor Telephone No.: 518-2096727

Proposed Number of Apprentices: 1

AT Office

Name: NYS DOL

No. & Street: _____

City: Albany State: NY Zip Code: 12240

Apprentice Training Representative: Daniel Paris Date Prepared: 1/15/24

Related instruction is **not** available.

Related instruction is available at:

School

Name: Hudson Valley Community College

No. & Street: 80 Vandenburg Avenue

City: Troy State: NY Zip Code: 12180

School Representative Contact Information:

Name: Meredith O'Connell

Telephone No.: 518-629-4941 Email: _____

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

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Central Office

DLEA

Name: Christie Davis

No. & Street: SUNY TMCC

City: Schoharie State: NY Zip Code: 12134

Signature of DLEA: _____ Date Prepared: 01/25/24



NYS Department of Labor
Apprentice Training

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Apprenticeship Agreement

I. Apprenticeship Agreement

Central Office Sponsor No. _____

ATP Code 17-072

	1. Name of Program Sponsor <u>High Peaks Solar, LLC</u>					
	Physical address of Program Sponsor (no. and street) <u>180 Main Avenue</u>					
	City <u>Wynantskill</u>	County <u>Rensselaer</u>	State <u>N.Y.</u>			
	Zip code <u>12198</u>					
	Mailing address of Program Sponsor (no. and street) <u>- same -</u>					
City _____			County _____	State _____	Zip code _____	
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid <u>Electrician</u>						
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Trade _____ State _____		3. Start Date _____	4. Length of program (Months) <u>60</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>12</u>		
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Hudson Valley Community College, 80 Vandenberg Avenue Troy, NY 12180</u>			RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$37.00 / hour</u>		
8. Credit for previous training or experience: <u>36</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): <u>High Peaks Solar, LLC</u>						

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
0-2000	2001-4000	4001-6000	6001-8000	8001-8200					
\$27.50/hr.	\$30.00/hr.	\$31.00/hr.	\$32.00/hr.	\$37.00/hr.					

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

 _____ Date 1/23/24 Signature of Official Sponsor Representative Kevin Bailey Date 1/23/24

Registered by the New York State Department of Labor:

 _____ Date _____ Signature New York State Department of Labor

State Use Only	
Date	Init.
To ATC _____	_____
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 Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

 _____ Date _____ Signature of Official Sponsor Representative _____ 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 _____	_____
Data Entry _____	_____

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

 _____ Date _____ Signature of DLEA Representative _____ Print Name

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



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: High Peaks Solar, LLC

Located at: (Address) 180 Main Avenue, Wynantskill, N.Y. 12198

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 0

In the occupation of: (List Trade) Electrician

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 GED or TASC

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

(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: Applicant is required to be able to lift fifty pounds of weight

Other: Applicant must be willing and able to work at elevated heights of twenty or more feet.

Other:

NYS Department of Labor
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Central Office

Application forms may be obtained: From: 9AM To: 5PM (weekdays only)

Name: Kevin Bailey

Address: 180 Main Avenue Wynantskill, N.Y. 12198

Days: Monday through Friday Times: 9AM to 5 PM

Phone: 518-238-3931 Email: [REDACTED]

Special Instructions:

Please call ahead to schedule availability.

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



Selection Standards and Evaluations

NYS Department of Labor
Apprentice Training

Name of Candidate: _____ Trade: _____ FEB 06 2024

Address: _____ City: _____ State: _____ Zip: _____

		Central Office		
		Maximum Points Allowable	Number of Years Credited	Score
Only those checked apply.				
Educational Achievement				
<input type="checkbox"/>	Points for Each Year of Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities			
<input type="checkbox"/>	Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities			
<input type="checkbox"/>	Points for Each Trade Related Adult or Continuing Education Course Completed			
<input type="checkbox"/>	Other: _____			
Total				Total
Work Experience				
<input type="checkbox"/>	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				Total
Seniority				
<input checked="" type="checkbox"/>	<u>6</u> Points for Each Year of Employment with The Sponsoring Firm	<u>60</u>		
<input type="checkbox"/>	Other: _____	<u>60</u>		
Total				Total
Job Aptitude				
<input type="checkbox"/>	Name of Aptitude Test: _____			
<input type="checkbox"/>	Administered by _____			
<input type="checkbox"/>	Other: _____			
Total				Total
Oral Interview: Not to Exceed 40% of Total Score				
<input checked="" type="checkbox"/>	<u>10</u> Ability to Communicate	<u>0-10</u>		
<input checked="" type="checkbox"/>	<u>10</u> Willingness to Accept Obligation of Apprenticeship	<u>0-10</u>		
<input checked="" type="checkbox"/>	<u>10</u> Ability to Reason and Comprehend	<u>0-10</u>		
<input checked="" type="checkbox"/>	<u>10</u> Interest and Motivation	<u>0-10</u>		
<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	Other: _____			
Total				Total

Total Allowable Points →

100

Total Score →

Rank _____

Evaluated by: _____ Date: _____

Sponsor Name: High Peaks Solar, LLC

Sponsor Address: 180 Main Avenue, Wyncatskill, N.Y. 12198

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Department
of Labor

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: Kevin Bailey 12/5/23
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Kevin Bailey Sole member, High Peaks Solar, LLC
Print Name and Title

Approved by: _____
New York State Department of Labor Date

Sponsor Name High Peaks Solar, LLC Sponsor Code _____ No. of Apprentices _____

Trade(s) Electrician Trade Code(s) 17072

AT 602 (12/21)

NYS Department of Labor
Apprentice Training

FEB 06 2024

Central Office