



NYS DOL Use Only: Sponsor No. _____

☒ New Program ☐ Reactivation ☐ Revision ☐ Recertification

New York State
Registered Apprenticeship Training Program
Sponsor Information Sheet and Instructions

NYS Department of Labor
Apprentice Training

MAR 05 2024

Central Office

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: Live Wire Electric 1 LLC
- 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: Live Wire Electric 1 LLC
- 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: 516 Industrial Loop Ste # 1D
 City/Town: Staten Island State: NY Zip Code: 10309
- G. Email: [REDACTED] H. Phone: (718) 605-9473 I. Fax: (718) 608-9473
- 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? 16
- 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 of CEO, Chair, or representative granted legal authority to bind the Entity

02/26/2024
Date

Print name and title: Samir Lazoja, CEO

Sworn to me this: 26 day of February 2024

Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

NYS Department of Labor
RECEIVED

MAR 4 2024

Apprentice Training
Field Activity Office

MICHAEL GRECO
NOTARY PUBLIC-STATE OF NEW YORK
No. 01GR6397842
Qualified in Richmond County
My Commission Expires 09-16-2027

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Department
of Labor

www.labor.ny.gov

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

- Name of Sponsor: Live Wire Electric 1 LLC
- Mailing Address: 516 Industrial Loop Ste. 1E Staten Island NY 10309 Richmond
(number & street) (city) (state) (zip code) (county)
- Actual Address: 516 Industrial Loop Ste. 1D Staten Island NY 10309 Richmond
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (718) 605-9473 Ext. _____ Fax No.: (718) 608-9473
- E-mail Address: [REDACTED]
- Trade/Occupation: Electrician
- No. Employees: 100 No. Apprentices: 2190 No. Journeyworkers: 15 8. Ratio: 1:1:1:3
- DOT Code: 47-2111.00 10. Length of Program: 60 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard ☒ or Revised ☐
- Minimum Journeyworker Rate: \$ 25 per hour 14. Effective Date of Wages: 02/01/2024

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

1 2 3 4 5 6 7 8 9 10

Months (check):

M ☒

M ☒

M ☒

M ☒

M ☒

M ☐

M ☐

M ☐

M ☐

M ☐

Hours (check):

H ☐

H ☐

H ☐

H ☐

H ☐

H ☐

H ☐

H ☐

H ☐

H ☐

No. of Months/Hours:
Wage rate: or, percentage
of the journeyworker rate:

12 mths

12 mths

12 mths

12 mths

12 mths

\$18/hr.

\$19/hr.

\$20/hr.

\$21/hr.

\$22/hr.

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

17.

Taylor Douche
Signature of Official Sponsor Representative

Date

18.

Signature of Union Representative

Date

Taylor Douchey, Office Manager

Print Name and Title

Print Name, Title, and Union Name

19.

Signature New York State Department of Labor

NYS Department of Labor
Apprentice Training

Date

AT 10 (01/24)

MAR 05 2024

Page 1 of 2

Central Office

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Sponsor Code _____
Trade Code 17-072

Related Instruction Availability

Trade: Electrician
Sponsor Name: Live Wire Electric 1 LLC
Sponsor Representative: Taylor Douchev
Sponsor Address:
No. & Street: 516 Industrial Loop Ste. 1D City: Staten Island
County: Richmond State: NY Zip Code: 10309
Sponsor Telephone No.: 718-605-9473
Proposed Number of Apprentices: 2

AT Office

Name: New York State Department of Labor - Apprenticeship Training
No. & Street: 1220 Washington Ave., Building 12, Room #459
City: Albany State: NY Zip Code: 12240
Apprentice Training Representative: Daniel Paris Date Prepared: _____

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

School

Name: Electrical Training Center
No. & Street: 65 Elm Street
City: Copiapue State: NY Zip Code: 11726
School Representative Contact Information:
Name: Robert McLaughlin
Telephone No.: 631-226-8021 Email: [REDACTED]

School

Name: _____
No. & Street: _____
City: _____ State: _____ Zip Code: _____
School Representative Contact Information: NYS Department of Labor
Apprentice Training
Name: _____
Telephone No.: _____ Email: _____
MAR 05 2024
Central Office

DLEA

Name: Emerald Robert
No. & Street: NYC Alternative Schools Citywide Office - 90-01 Sutphin Blvd., 2nd Fl Rm #229
City: Jamaica State: NY Zip Code: 11435
Signature of DLEA [REDACTED] Date Prepared: 2/7/24

Apprenticeship Agreement

Central Office

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

	1. Name of Program Sponsor Live Wire Electric 1 LLC								
	Physical address of Program Sponsor (no. and street) 516 Industrial Loop Ste. 1D								
	City Staten Island	County Richmond	State NY						
	Zip code 10309								
	Mailing address of Program Sponsor (no. and street)								
City			County	State	Zip code				
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Electrician									
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 2/26/24	4. Length of program (Months) 60	5. DOL Apprentice Probation Period for Completion Rates (Months) 12 months				
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Electrical Training Center				RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$25/hr				
8. Credit for previous training or experience: _____ Months _____ Points _____ Sections <input type="checkbox"/> Reinstatement <input checked="" type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): Electrical Training Center									
9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: <input checked="" type="checkbox"/> Months <input type="checkbox"/> Hours <input type="checkbox"/> Points <input type="checkbox"/> Sections									
1	2	3	4	5	6	7	8	9	10
12	12	12	12	12					
\$18/hr.	\$19/hr.	\$20/hr.	\$21/hr.	\$22/hr.					

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

Signature _____ Date **2/24/2024** Signature of Official Sponsor Representative _____ Date **2/24/2024**

Registered by the New York State Department of Labor:

Signature New York State Department of Labor

Date

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

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	_____

**Apprentice Training Recruitment Notification and Minimum Qualifications**Sponsor: Live Wire Electric 1 LLCLocated at: (Address) 516 Industrial Loop Ste. 1D Staten Island, NY 10309Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 21In 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**

High School Diploma, or equivalency diploma such as a GED or TASC

Minimum Age: 20 Minimum Education: _____

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

Must be able to stand and/or sit, for long periods of time. Must be able to be around loud noises for long periods of time. Must be able to lift and carry a minimum of 50 lbs. unassisted. Must be able to climb and work from ladders and scaffolding of various lengths and heights. Must be able to work long hour during mandatory overtime.

(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 legally able to work in the US, provide proof upon offer of employment. Must be able to write, read, hear and understand verbal and written English instructions and warnings. Minimum proficiency in 7th grade math.

Other: Must be able and willing to attend all related instruction classroom training as required to complete the apprenticeship program. Must have a either an OSHA 10 or OSHA 30/SST/ 4 hr Scaffold Cert/ Sexual Harrassment Training Photo ID card.

Other: Must be able to operate industry related tools and equipment.
Must be able to see small objects and use magnifying glasses for long periods of time.
Must be able to do repetitive actions daily.NYS Department of Labor
Apprentice Training

MAR 05 2024

Central Office

Application forms may be obtained: From: TBD To: TBDName: Taylor DoucheyAddress: 516 Industrial Loop Ste. 1D Staten Island, NY 10309Days: Friday Only Times: 9:00 - 12:00Phone: _____ Email: [REDACTED]

Special Instructions:

EMAIL ONLY

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

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Sponsor Code _____

Trade Code(s) 17-072

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Electrician

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement		Total		Total
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	20		
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	10		
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Trade Related Adult or Continuing Education Course Completed	5		
<input type="checkbox"/> _____	Other: _____	5		
Work Experience		Total		Total
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Year of Trade Related Work Experience	30		
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Year of Active Military Experience	10		
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Year of General Work Experience	10		
<input type="checkbox"/> _____	Other: _____	10		
Seniority		Total		Total
<input checked="" type="checkbox"/> <u>5</u>	Points for Each Year of Employment with The Sponsoring Firm	10		
<input type="checkbox"/> _____	Other: _____	10		
Job Aptitude		Total		Total
<input type="checkbox"/> _____	Name of Aptitude Test: _____			
<input type="checkbox"/> _____	Administered by _____			
<input type="checkbox"/> _____	Other: _____			
Oral Interview: Not to Exceed 40% of Total Score		Total		Total
<input checked="" type="checkbox"/> <u>0-10</u>	Ability to Communicate	40		
<input checked="" type="checkbox"/> <u>0-10</u>	Willingness to Accept Obligation of Apprenticeship	10		
<input checked="" type="checkbox"/> <u>0-10</u>	Ability to Reason and Comprehend	10		
<input checked="" type="checkbox"/> <u>0-10</u>	Interest and Motivation	10		
<input type="checkbox"/> _____	Other: _____			
<input type="checkbox"/> _____	Other: _____			

Total Allowable Points



100

Total Score →

NYS Department of Labor
Apprentice Training

Rank _____

Date: _____

MAR 05 2024

Evaluated by: _____
(Name)

Sponsor Name: Live Wire Electric 1 LLC

Central Office

Sponsor Address: 516 Industrial Loop Ste. 1D Staten Island, NY 10309

WE ARE YOUR DOL



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: _____

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

Date

2/26/24

Taylor Douchev

Office Manager

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name Live Wire Electric 1 LLC

Sponsor Code _____

No. of Apprentices 2

Trade(s) Electrician

Trade Code(s) 17-072

NYS Department of Labor
Apprentice Training

AT 602 (12/21)

MAR 05 2024

Central Office