

NYSDOL Use Only:	Sponsor No	
☑ New Program ☐ F	Reactivation □ Revis	ion Recertification

New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprentice Training

Sponsor Information Sheet and Instructions DEC 0 9 2022

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and signatories for the New York State (NYS) Register Collect data regarding sponsors and sponsors an

Appre	sindeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.	
Sect		
A.	Sponsor name: Naico Company LLC (d/b/a Naico Water, an Ecolab Company)	
В.	Trade(s): 46-273 Chemical Laboratory Technician	
C.	Type of Apprenticeship Training Program (check one): 1.☑ Individual Non-Joint 2.☐ Individual Joint 3.☐ Group Non-Joint* 4.☐ Group Joint (JAC/JATC)	k
*Fc	or sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.	
D.	11 0 110/111/11/11 = 1/0	
E.		
	☑ 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: 1350 Broadway, Suite 1830	
	City/Town: New York State: NY Zip Code: 10018	
G.	Email: H. Phone: (201) 919-5831 I. Fax: (212) 768-3041	
J.	Federal Employer Identification Number (FEIN):	
K.	NYS Unemployment Insurance Employer Registration (ER) Number:	
L.	Is this entity required to report any employee wages under this FEIN to the NYS Department	п
8.6		∐ No
	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? 94	
Ο.	Within the past five (5) years, have you done business under a different name?	□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? Yes If 'Yes', provide attachments as noted in the instructions.	☑ No
	ion II lete all questions, (1 – 10), in this section and provide attachments as noted in the instructions.	
	the past five (5) years, has your organization, any substantially owned-affiliated entity,** any	
prede	cessor company or entity, any owner of 10% or more of the entity's shares, any director, any r, any partner, or any proprietor been the subject of:	
1.	Any conviction for a crime under state or federal law?	☑ No
2.	Any indictment or pending indictment for conduct constituting a crime under state or federal law?	☑ No
3.	Any grant of immunity for conduct constituting a crime under state or federal law?	☑ No

AT 9 (09/21)

^{**} 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?	☑ No
5.	Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?	✓ 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	MY INO
	Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?	✓ No
7.	a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?	✓ No
8.	 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes 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 	☑ No
	Division of Safety and Health, or the Division of Labor Standards? Yes	☑ No
	b. If 'Yes', was the violation determined to be willful?	☐ 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	[7]
	Human Rights, federal or state courts, or local Civil Rights Commissions?	☑ 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?	✓ No
	After completing Sections I and II, you must sign Section III, and have it notarized.	
Secti	ion III	
Depar serving	ication – I, the undersigned, recognize that I submit this questionnaire to permit the New York State tment of Labor to review the background of the applicant, sponsor, union, or signatory employers and associag as a member of the JAC/JATC or other governing body at the time of new program application, during progration, at recertification, or as otherwise deemed appropriate by the Department.	
I cert	ify:	
	 That the Department may use its sole discretion to choose the means to determine the truth and accurate of all statements made herein. 	су
	 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/o imprisonment of up to one year (PL § 70.15(1)). 	r W
	 That the information submitted in this questionnaire and any attachments is true, accurate, and complet 	e.
partici applica	ndersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, o pating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponso ation request or program. Signing this document constitutes permission to release this information (including ation) concerning the entity completing this form to the program sponsor.	r's
	10/11/2022	
Signa	ure of CEO, Chair, or representative granted legal authority to bind the Entity Date	
Print r	name and title:	
Sworn	to me this: VV day of Cotober 2027 all	
	Signature of Notary Public or Commissioner of Deeds	;
1	NYSDOL Official Use Only	
NY	S Department of Labor entire state of the st	
Appr	ERIK FERNANDEZ	
	Notary Public, State of New York	
	No. 01FE6410174 Qualified in Queens County	
1	Commission Expires Oct. 19, 2024	
i	Field - Receipt Date Stamp	



Apprentice Training Program Registration Agreement

	Revision Now	, Application	am [State Use Only							
	Nature of Change: New	Application	тог Аррі	entice	riogia	1	AT Sponsor No.				
							ATP Code	46-2	273		
	· · · · · · · · · · · · · · · · · · ·						Effective I of AT Pro				
							Sec. 19. 19. 19. 19.				
1.	Name of Sponsor: Nalc				o Wat	ter, an	Ecolab	Com	pany)		
2.	Mailing Address: 1350 Bro	padway Suite 1830	New Yo	rk	NY		10018	3	New York		
3.	Actual Address: Same a	r & street) as above	(city)			(state)	(zip code) (county)				
	(numbe	r & street)	(city)			(state)		code)	(county)		
4.	Telephone No.: 201.919	9.5831 		Ext	Fax	(No.: 21)	2.768.30	41			
5.	E-mail Address:			_							
6.	Trade/Occupation: Che	mical Labor	atory Tec	chniciar	1						
7.	No. Employees: 50,000										
	DOT Code:										
11.	11. Apprentice Probationary Period: 12 Months 12. Work process: Standard or Revised										
13.	Minimum Journeyworker	Rate: \$ 25	_ _{per} hou	<u>r</u> 1	4. Effec	ctive Date	of Wages:	10/0	1/2022		
15.	Apprentice wage progres	sion for each pe	riod – in mont	hs (M) or h	nours (H)						
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	\$21 \$22 \$23	\$24							NYC		
16.	The sponsor agrees to c	omply with the p	rovisions on th	nis side an	d on the	reverse of	this agree	ment.			
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17.	Signature of Official Spons	sor Representativ	10/11/2 ve Date	10	1n-	Additiona	Signator	$\overline{}$	10/11/2022 Date		
	Joshua A. Nanes, AVP Ne	- 1			ichael J.		Corporate A	.			
	Print Name						int Name a				
					N11/0 =						
19.		w York State Dep	partment of La	abor			nt of Lab Training	or	Date		
							0000				

DEC 0 9 2022

NYS Department of Labor Apprenticeship Training Officent

OCT 1 1 2022

WE ARE YOUR DOL

NEW YORK Department of Labor

Apprenticeship Training Program

NYC

Related Instruction Availability

Trade: Chemical Laboratory Technician									
Sponsor Name: Nalco Company LLC (d/b/a Nalco Water, an Ecolab Company)									
Sponsor Representative: Michael Schunk, Corporate Account Manager									
Sponsor Address:									
lo. & Street: 1350 Broadway, Suite 1830 City: New York									
County: New York	State: NY	Zip Code: 10018 Apprentice To it is a second control of Labor							
Sponsor Telephone No.: 201.919.5831		Apprentice Training							
Proposed Number of Apprentices: 6									
AT Office		— DEC 0 9 2022							
Name: New York State Department of Labor DEWS		Central Office							
No. & Street: 9 Bond Street, 4th fl., Room 4570		Onlia Office							
City: Brooklyn	L State: NY	Zip Code: 11201							
Apprentice Training Representative:		Date Prepared: 10/11/22							
Related instruction is not available. School Name: Nalco Water Training Center	Related instruction	is available at:							
No. & Street: 1350 Broadway, Suite 1830		· · · · · · · · · · · · · · · · · · ·							
City: New York	State: NY	Zip Code: 10018							
School Representative Contact Information: Name: Michael Schunk									
Telephone No.: 201.919.5831	Email								
School									
Name: Nalco Water University									
No. & Street: 1601 West Diehl Road									
City: Naperville	_State: IL	Zip Code: 60563							
School Representative Contact Information: Name: Eric Kangas (https://www.ecolab.com/pages/wate	er-university)								
Telephone No.: 630.305.1000	Email:								
DLEA									
Name: Emerald Roberts, NYC Department of Education	Citywide Office (D7	9 Alternative Schools and Programs)							
No. & Street: 90-01 Sutphin Blvd., 2nd Floor Room # 22									
City: Jamaica	State: NY	Zip Code: 11435							
Signature of DLEA		Date Prepared:							

YS Department of Labor Apprent behavior raining

DEC 0 9 2022

Ple send to your regional DOL office:

9 Bond Street, 4th Floor, Room 4570, Brooklyn NY 11201

Apprenticeship Training Office

Apprenticeship Agreement

Apprentic	eship Agreeme		Sponsor	No		ATP Code 46	-273	OCT 1	1 2022
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						ress of Program Spo adway Suite		street)	E. The
					New Yor		,	State NY 1	Zip code 0018
						roadway S			
					City New Yo	rk (New Y	ork)	State NY	Zip code 10018
						ical Labo		3471 15	•
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			MUST RECEIVE THIS F	FORM WITHIN 30		OF THE COMPLETIO	N/TERMINATIO	N DATE.	
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NYS Department of Labor Apprenticeship Training Office

DEC 0 9 2022

Apprenticeship Agreement

Apprentic	eship Agreemen	ıt	Spons	sor No	all program	AT	P Code 46-2	273	OCT 1	1 2022
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	 Related and Supplemental Instruction (RI) Provider(s) and location(s) Nalco Water Training Center, 1350 Broadway Suite 1830 New Yorl 					-			imum Journe 5/hour	y-Worker Rate
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Ple send to your regional DOL office:

9 Bond Street, 4th Floor, Room 4570, Brooklyn NY 11201 NYS Department of Labor

Apprenticeship Training Office

DEC 0 9 2022 Apprenticeship Agreement

	ceship Agreeme	Scilla	Office Sponsor No	Manage Tale Store	_ ATP Code 40-2	2/3 06/11/2022	
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				City	County	State Zip code	
				New Yo			
					ess of Program Sponso		
				City	County	State Zip code	
				New Yo			
				2. Trade: 🗸	Time-based	npetency-based Hybrid	
				Chem	ical Labor	atory Technician	
				3.Start Date	4. Length of program (Months)	5. DOL Apprentice Probation Period for Completion Rates (Months) 12	
6. Related	and Supplemental	Instruction (RI)	Provider(s) and location(s)	an nota in 9 son	RI Compensated	7. Minimum Journey-Worker Rate	
Nalco Wa	ater Training Ce	enter, 1350 B	roadway Suite 1830 New	York, NY 10018		\$25/hour	
8.Credit for	r previous training o	or experience:	Months	Points	Sections	S Alter Pre-DOL Application	
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			ge 16-17 Date	Signature of	Official Sponsor Represent	tative Date	
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			te discount of the state of the	1	1	To DLEA	
	Signature	New York State	Department of Labor	Date	mater I make	Rank Verify Data Entry	
	THE DEPARTM	ENT OF LABOR	MUST RECEIVE THIS AGREEMENT	WITHIN 30 CALENDA	AR DAYS OF THE REQUE	ESTED START DATE.	
Worksite	Training Compl	etion or Term	nination	ar	na na Bandara a na ana	Angelia Wante Person	
heck one:	☐ Completed Work	site Training	Terminated for Cause (Explain in Comments)	Quit Layoff		nation Transfer	
	Termination Date	, damas ,	- (Explain in Comments)	(Lack of Wor	K)	State Use Only	
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Signature C			Date MUST RECEIVE THIS FORM WITHIN	Print Name I 30 CALENDAR DAYS	S OF THE COMPLETION/	TERMINATION DATE.	
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Pl€ send to your regional DOL office:

9 Bond Street, 4th Floor, Room 4570, Brooklyn NY 11201

DEC 0 9 2022 Apprenticeship Agreement

NYS Department of Labor Apprenticeship Training Office

. Apprentic	ceship Agreen	nent Contact	Spon	sor No	erejte gart i i	1100	ATP Co	de <u>46-2</u>	73	OCT 1	1 2022
Name of A	nnrentice (Last	First MTSHIFAL	Office Social	Security Number	Traine of Fregram opensor						
					Nalco Company LLC (d/b/a Nalco Water, an I Physical address of Program Sponsor (no. and street					5 8 3	ab Company
-					100		adway S			id street)	
					City		Coun		14.71 745	State	Zip code
					New		,	w Yor	,		10018
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					City New	Yo	Coun	ty ew Yo	rk)	State NV	Zip code 10018
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	prentice received ship Program? [of Completion fro	om a State or Feder	ral 3.Start [4. Length of (Months)	f program		Apprentice P for Completio	
If "Yes," Tr		York State Dept		State	अ विकास विकास	lau	48		(Months	⁵⁾ 12	ii Nates
6. Related	and Supplement	tal Instruction (RI)	Provider(s) and	location(s)	Sublet i	To Ta	RI Compe	nsated	7. Minir		-Worker Rate
Nalco Wa	ater Training (Center, 1350 F	Broadway Su	ite 1830 New Y	ork, NY 10	018	☐ Yes ☑ No		\$25/	hour 'hour	
8.Credit for	r previous trainin	g or experience:	Mo	onths	Points	;	The Charles	Sections	Ser Few	ON THE DATE OF	SEPP 6
Reins	statement _\	Vocational Educat	ion 🗌 Transf	er Previous E	Experience (F	Emplo	ver name):				
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		dian if a	ge 16-17	Date	Signatu	ire of C	Official Sponso	Represen	ative		Date
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	Signatu	ire New York Stat	e Department of	Labor		Date			Rani	k Verify	= 19 =================================
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Signa	ture of DLEA Repre	esentative	Date		Print Na	ame			Duta		

Ple send to your regional DOL office:

9 Bond Street, 4th Floor, Room 4570, Brooklyn NY 11201

DEC 0 9 2022

Apprenticeship Agreement

NYS Department of Labor Apprenticeship Training Office

Apprentic	eship Agreement	Sp	onsor No		_ ATP Cod	le <u>46-2</u>	273	OCT 1	4 2 022
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				2. Trade: 🗸	Time-based	☐ Con	mpetency-b	ased 🗌 H	Hybrid
				Chem	ical La	abor	atory	Tech	nnicia
	prentice received any Cert ship Program?	ificate of Completion ✓ No	from a State or Federal		4. Length of (Months)		5. DOL A	pprentice Pr	obation
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	and Supplemental Instructi			io radanti esti	RI Compen	sated	The same of the sa	7.	-Worker Rate
Nalco Wa	ater Training Center, 1	350 Broadway S	Suite 1830 New Yor	k, NY 10018	☐ Yes ☑ No		\$25/h	nour	
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Pl€ send to your regional DOL office:

9 Bond Street, 4th Floor, Room 4570, Brooklyn NY 11201

DEC 0 9 2022

Apprenticeship Agreement

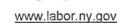
NYS Department of Labor Apprenticeship Training Office

Apprentic	eship Agreemen	t Central	Office Spon	sor No		_ ATP Code	46-2	273	OCT 1	1 2022
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Has the ap	prentice received an	y Certificate o	of Completion fro	om a State or Federal		Ical La		5. DOL	Apprentice F	Probation
Apprentices If "Yes," Tra	ship Program? 🔲 Y ade	es 🗹 No		State	ing, ingreyes	(Months)		Period (Month	for Completions) 12	on Rates
	s. Related and Supplemental Instruction (RI) Provider(s) and location(s) lalco Water Training Center, 1350 Broadway Suite 1830 New York					RI Compensa ☐ Yes ☑ No	ated		imum Journe /hour	y-Worker Rate
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OCT 1 1 2022

Sponsor Code: _ 46-273 Trade Code: Department of Labor

NYC



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Nalco Company LLC (d/b/a Nalco Water, an Ecolab Company)	
Located at: (Address) 1350 Broadway, Suite 1830, New York, NY 10018	
Is presently accepting applications for Apprenticeship Training Positions: List estimated number of o	penings: 0
In the occupation of: (List Trade) Chemical Laboratory Technician	
If you are interested in taking advantage of this training opportunity and meet the following q eligible to apply.	ualifications, you are
Minimum Qualifications Minimum Age: 18 Minimum Education: High School, TASC or GED (Associate School Certification Preferred)	's Degree or Trade
Physical Condition: Be physically able to perform the work required as determined by:	
 Must be able to access and be comfortable with working in a variety of conditions to include confined spaces damp and/or dusty locations, freezing. Must be able to physically perform the essential duties of the position which include lifting 50 lbs., stooping, kneeling, crouching, reaching, use has standing, talk and hear. Must be able to pass a drug screen and physical exams. 	
(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any application fees charged to an applicant may not result in a profit for the sponsor.)	y testing fees and permitted
Other: Must pass a substance abuse screening, at the expense of the sponsor, within 48 hours of selection and prior to enrollm collection site designated by Nalco Water's Corporate Flealth Resources. Applicants that do not pass the substance abus disqualified from further consideration.	
Other: Must possess a valid Driver's License and acceptable Motor Vehicle Record in o	rder to operate
Company Vehicles. Other:	NYS Department of Labor Apprentice Training
	DEC 0 9 2022
Application forms may be obtained: From: To:	Central Office
Address: 1350 Broadway, Suite 1830, New York, NY 10018	
Days: Monday - Friday Times: 9:00 AM - 3:00 PM	
Phone: (201) 919-5831 Email:	
Special Instructions:	4
All Applications Must be (please check) Received Postmarked No Later Than:	

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Sponsor Code ______ Trade Code(s) 46-273

NYC

Selection Standards and Evaluations

Only those	checked apply.		Manimum	Number		
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<u> </u>	Equivalent as Recognized by Local Educational Authorities	4.27	8	AL THURS	il Lightes	to 05 bel
✓ 2	Points for Each Year of Related Technical Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities	e ed monte	8	ri uni mindel	imca ikulis	t for editor
✓ 2	Points for Each Trade Related Adult or Continuing Education Course Completed		8		930	Expeli
	Other:	-	- Valenton to	The second		SE yan in
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√ 2	Points for Each Year of Trade Related Work Experience		10			- 1000
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√ 1	Points for Each Year of General Work Experience		5	to large at		e mana b
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	ne: Nalco Company LLC (d/b/a Nalco Water, an Ecolab (2		Apprent	ice Train	TOWN

NYS Department of Labor Apprenticeship Training Office

WE ARE YOUR DOL

Sponsor Code		
Trade Code(s)	46-273	

OCT 1 1 2022

NEW YORK Department — of Labor	Trade Code(s) <u>46-273</u>
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NYC

New York State Department of Labor
Apprentice Training Program Affirmative Action Plan

✓ New Program
To be Administered by (Sponsor's Name): Nalco Company LLC d/b/a Nalco Water, an Ecolab Compan Address: 1350 Broadway, Suite 1830, New York State: NY Zip: 10018
Plan is effective: From:
On behalf of the above-named sponsor, I certify that it is our intent to fulfill this Affirmative Action Plan. 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.
Print Name: Joshua A. Nanes
Title: Assistant Vice President, New York Region
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Approved by: Date: NYS Department of Labor
Title:

NYS Department of Labor Apprentice Training

DEC 0 9 2022

Part II - Labor Force Analysis/Utilization Study

A.	The total labor force is	4,354,475	in the following	county	(counties)
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Bronx	Queens	r sugative
New York	Richmond	THE PARTY OF THE P
Kings	7 25	THRUW/MILL

The labor force includes:*

Minorities

African American _	918,275	21.09	_ %
Hispanic _	1,181,690	27.14	_ %
Other Minorities**	741,135	17.02	_ %
Total Minorities	2,841,100	65.25	_ %
Women	2,130,370	48.92	_ %

B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county (counties) of recruitment.

Goal for Total Minorities:	65.25	%
Goal for Women:	6.9	%

NYS Department of Labor Apprenticeship Training Office

OCT 1 1 2022

NYC

NYS Department of Labor Apprentice Training

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Central Office

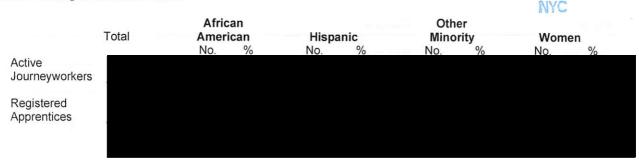
^{*} Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division, Bureau of Labor Market Information, State Office Bldg. Campus, Bldg. #12, Room 402, Albany, NY 12240, telephone: (518) 457-6657.

^{**} Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

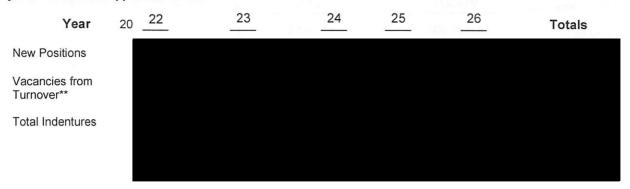
Title of Trade Chemical Laboratory Technician

OCT 1 1 2022

A. Current Staffing in the Above Trade

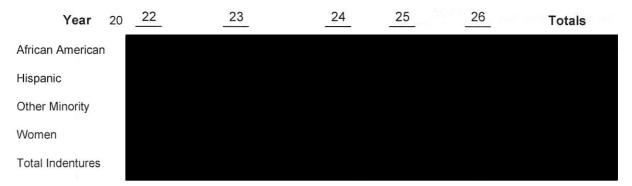


B. Projected Number of Apprentice Indentures*



C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:*



The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

^{*} Where no apprentice indentures are planned for a particular group or year, enter "0".

^{**} Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).