



NYSDOL 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 Apprenticeship Training

NOV 12 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.

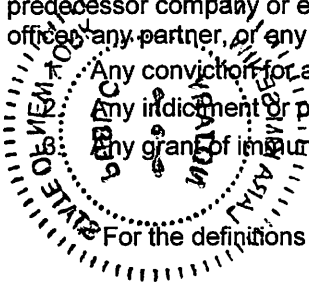
Section I

- A. Sponsor name: Niagara Frontier Transit Metro System, Inc. dba NFTA Metro
B. Trade(s): Bus 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: Niagara Frontier Transportation Authority
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: 181 Ellicott Street
City/Town: Buffalo State: NY Zip Code: 14203
G. Email: [redacted] H. Phone: (716) 855-6500 I. Fax: (716) 855-7336
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 [] 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? 57
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:
Any conviction for a crime under state or federal law? [] Yes [x] No
Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [x] No
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.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 10-30-24

Print name and title: Kimberley Minkel, Executive Director

Sworn to me this: 30th day of October, 2024 Lara K. Seniw

Signature of Notary Public or Commissioner of Deeds



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Department of Labor

www.labor.ny.gov

NYS Department of Labor
Apprentice Training

NOV 12 2024

Central Office

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New program

State Use Only	
AT Sponsor No.	
ATP Code	51-030
Effective Date of AT Program	

1. Name of Sponsor: Niagara Frontier Transit Metro System, Inc. dba NFTA Metro

2. Mailing Address: 181 Ellicott Street Buffalo NY 14203 Erie
(number & street) (city) (state) (zip code) (county)

3. Actual Address: 181 Ellicott Street Buffalo NY 14203 Erie
(number & street) (city) (state) (zip code) (county)

4. Telephone No.: (716) 855-6500 Ext. _____ Fax No.: (716) 855-7336

5. E-mail Address: [REDACTED]

6. Trade/Occupation: Bus Mechanic

7. No. Employees: 1475 No. Apprentices: 0 No. Journeyworkers: 168 8. Ratio: 1:1:1

9. DOT Code: 620.261-010 10. Length of Program: 36 months

11. Apprenticeship Probationary Period: 9 months 12. Work process: Standard or Revised

13. Minimum Journeyworker Rate: \$32.30 per hour 14. Effective Date of Wages: 04/01/2024

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

	1	2	3	4	5	6	7	8	9	10
Months (check):	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"/>	M <input type="checkbox"/>
Hours (check):	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"/>
No. of Months/Hours:	<u>6</u>	<u>6</u>	<u>12</u>	<u>12</u>						
Wage rate: or, percentage of the journeyworker rate:	<u>22.75</u>	<u>24.01</u>	<u>26.08</u>	<u>27.62</u>						

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

17. Kimberley Minkel
Signature of Official Sponsor Representative Date _____
Kimberley Minkel, Executive Director
Print Name and Title

18. [Signature]
Signature of Union Representative Date _____
Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor

AT 10 (07/24)

Received
Date 10/31/2024
Apprenticeship Unit

Page 1 of 2
OCT 31 2024

BUFFALO

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Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 51-030

Related Instruction Availability

Trade: Bus Mechanic

Sponsor Name: Niagara Frontier Transit Metro System, Inc.

Sponsor Representative: Kimberley Minkel

Sponsor Address:

No. & Street: 181 Ellicott St. City: Buffalo

County: Erie State: NY Zip Code: 14203

Sponsor Telephone No.: 716-855-6500

Proposed Number of Apprentices: 0

AT Office

Name: Western - Buffalo

No. & Street: 290 Main St.

City: Buffalo State: NY Zip Code: 14202

Apprentice Training Representative: Amy Hadfield Date Prepared: 11/4/24

Related instruction is **not** available.

Related instruction **is** available at:

School

Name: SUNY Erie (Erie Community College)

No. & Street: 6205 Main Street

City: Williamsville State: NY Zip Code: 14221

School Representative Contact Information:

Name: Katherine Marshall

Telephone No.: 716-851-1800 Email: 

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Marcia Johnson

No. & Street: 389 Virginia St.

City: Buffalo  Zip Code: 14201

Signature of DLEA: _____ Date Prepared: _____



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Niagara Frontier Transit Metro System, Inc.

Located at: (Address) 181 Ellicott Street, Buffalo, NY 14203

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

In the occupation of: (List Trade) Bus 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: High School Diploma or GED

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

Tasks involve the intermittent performance of physically demanding work, typically involving some combination of bending, squatting, reaching, kneeling, climbing (ladders), twisting, rotating and/or crawling (under bus). May also involve lifting (10-80+ pounds), carrying (10-60 pounds), pushing and/or pulling (5-15 pounds) materials and/or equipment. Job involves standing one hour at a time for four hours per day, sitting for two hours per day and walking one hour at a time for two hours per day.

(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 authorized to work in the United States.

NYS Department of Labor
Apprentice Training

Other: Must possess and maintain a valid New York State Driver's License.

NOV 12 2024

Other: Prior to expiration of probation period (9 months), must obtain CDL B license, P endorsement.

Central Office

Application forms may be obtained: From: _____ To: 03/31/2026

Name: Niagara Frontier Transit Metro System, Inc.

Address: 181 Ellicott Street, Buffalo, NY 14203

Days: Monday through Friday Times: 8AM to 5PM

Phone: (716) 855-6500 Email: [REDACTED]

Special Instructions:

In job number field, enter BMA-24-M.

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

Received
Apprenticeship Unit



Selection Standards and Evaluations

Name of Candidate: _____ Trade: Bus Mechanic

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement		Total	10	Total
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	4		
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	4		
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Trade Related Adult or Continuing Education Course Completed	2		
<input type="checkbox"/> _____	Other: _____			
Work Experience		Total	10	Total
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of Trade Related Work Experience	5		
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Year of Active Military Experience	3		
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Year of General Work Experience	2		
<input type="checkbox"/> _____	Other: _____			
Seniority		Total	35	Total
<input checked="" type="checkbox"/> <u>2.5</u>	Points for Each Year of Employment with The Sponsoring Firm	35		
<input type="checkbox"/> _____	Other: _____			
Job Aptitude		Total	5	Total
<input checked="" type="checkbox"/> <u>5</u>	Name of Aptitude Test: <u>Ramsay Mech. Aptitude Test</u> Administered by _____	5		
<input type="checkbox"/> <u>NA</u>	Other: _____			
Oral Interview: Not to Exceed 40% of Total Score		Total	40	Total
<input checked="" type="checkbox"/> <u>1</u>	Ability to Communicate	10		
<input checked="" type="checkbox"/> <u>1</u>	Willingness to Accept Obligation of Apprenticeship	10		
<input checked="" type="checkbox"/> <u>1</u>	Ability to Reason and Comprehend	10		
<input checked="" type="checkbox"/> <u>1</u>	Interest and Motivation	5		
<input checked="" type="checkbox"/> <u>1</u>	Other: <u>Time and attendance</u>	5		
<input type="checkbox"/> _____	Other: _____			

Total Allowable Points →

105 Total Score →

Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Niagara Frontier Transit Metro System, Inc. dba NFTA Metro

Sponsor Address: 181 Ellicott Street, Buffalo, New York 14203

NYS Department of Labor
Apprentice Training

NOV 12 2024

Received
Apprenticeship Unit

OCT 31 2024
Page 1 of 2

Central Office

BUFFALO

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.

E. **Outreach and Positive Recruitment Plan (if applicable):** Detail all the specific activities the sponsor will undertake to expand the opportunities for minority and female participation in the apprenticeship program. (Attach additional sheets if necessary.) The extent of outreach and recruitment activities may vary with the size and type of program and its resources. Refer to Equal Employment Opportunity in Apprenticeship Training Regulations Section 600.5 (c) for examples of outreach and positive recruitment.

Outreach and Recruitment Activities:

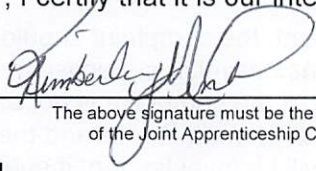
See attached.

Direct Entry Provider(s): (See <https://dol.ny.gov/direct-entry>)

N/A

On behalf of the sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: _____



10-30-24

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

Date

Name: Kimberley Minkel

Title: Executive Director

Approved by: _____

New York State Department of Labor

Date

Sponsor Name: Niagara Frontier Transit Metro System, Inc., dba NFTA Metro

Sponsor Code: _____

Number of Apprentices: 0

Trade(s): Bus Mechanic

Trade Code(s): 51-030