



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
Apprentice Training

APR 19 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: New York City Transit Authority
B. Trade(s): Elevator Servicer and Repairer
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: New York City Transit 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: 130 Livingston Street
City/Town: Brooklyn State: NY Zip Code: 11201
G. Email: [REDACTED] H. Phone: (718) 694-4260 I. Fax: [REDACTED]
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):
[ ] Corporation [ ] Partnership [ ] Sole-Proprietor [ ] LLC [ ] LLP [X] Other
N. How many years has your organization been in business? 70
O. Within the past five (5) years, have you done business under a different name? [X] 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 [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:

- 1. Any conviction for a crime under state or federal law? [ ] Yes [X] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... [ ] Yes [X] No
3. 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 2/29/24

Print name and title: Richard A. Davey, President, NUCT

Sworn to me this: 29th day of February 2024 Signature of Notary Public or Commissioner of Deeds \_\_\_\_\_



ELIZABETH PEREZ  
 Notary Public, State of New York  
 No. 01PE6002740  
 Qualified in Queens County  
 Commission Expires February 17, 2026

NYS Department of Labor  
 Apprenticeship Training  
 APR 19 2024

**WE ARE YOUR DOL**



Department of Labor

www.labor.ny.gov

NYS Department of Labor  
Apprentice Training

APR 19 2024

Central Office

**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Use Only	
AT Sponsor No.	
ATP Code	56-360
Effective Date of AT Program	

- Name of Sponsor: New York City Transit
- Mailing Address: 130 Livingston St Brooklyn NY 11201 Kings  
(number & street) (city) (state) (zip code) (county)
- Actual Address: 130 Livingston St Brooklyn NY 11201 Kings  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (718) 694-4260 Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_
- E-mail Address: [REDACTED]
- Trade/Occupation: Elevator Servicer and Repairer
- No. Employees: 50000 No. Apprentices: 108 No. Journeyworkers: 197 8. Ratio: 1:1,1:2
- DOT Code: \_\_\_\_\_ 10. Length of Program: 36 months
- Apprentice Probationary Period: 9 Months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$42.06 per hour 14. Effective Date of Wages: 05/16/2022

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 <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"/>	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:	0-12	13-24	25-36							
Wage rate: or, percentage of the journeyworker rate:	24.92	26.70	30.26							

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

17. Monica DaCosta 3/16/24  
Signature of Official Sponsor Representative Date Signature of Union Representative Date  
Monica DaCosta, Chief Officer of Operations Training  
Print Name and Title Print Name, Title, and Union Name

19. \_\_\_\_\_  
Signature New York State Department of Labor Date

**WE ARE YOUR DOL**



Apprenticeship Training Program

Sponsor Code \_\_\_\_\_

Trade Code 56-360

**Related Instruction Availability**

Trade: Elevator Servicer and Repairer

Sponsor Name: New York City Transit

Sponsor Representative: ~~Monica DeCosta~~ Monica DeCosta

Sponsor Address:

No. & Street: 130 Livingston Street City: Brooklyn

County: Kings State: NY Zip Code: 11201

Sponsor Telephone No.: 718-694-4260

Proposed Number of Apprentices: \_\_\_\_\_

**AT Office**

Name: Human Resources NYS DOL

No. & Street: 199 Church Street

City: New York State: NY Zip Code: 10007

Apprentice Training Representative: Daniel Paris Date Prepared: \_\_\_\_\_

Related instruction is not available.  Related instruction is available at:

**School**

Name: Transit Learning Center

No. & Street: 2125 W 13th Street

City: Brooklyn State: NY Zip Code: 11223

**School Representative Contact Information:**

Name: Natasha Duke

Telephone No.: (718) 694-4260 Email: \_\_\_\_\_

**School**

NYS Department of Labor  
Apprentice Training

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Central Office

**School Representative Contact Information:**

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**DLEA**

Name: Emerald Roberts NYC Dept of ED city wide office 829

No. & Street: 90-01 Sulphur Blvd 2nd Fl rm 229

City: Jamaica State: NY Zip Code: 11435

Signature of DLEA \_\_\_\_\_ Date Prepared: 2/2/24



APR 19 2024

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. \_\_\_\_\_ ATP Code 56-360

	1. Name of Program Sponsor <b>New York City Transit (NYCT)</b>		
	Physical address of Program Sponsor (no. and street) <b>130 Livingston St</b>		
	City	County	State Zip code
	<b>Brooklyn, Kings County, NY 11201</b>		
	Mailing address of Program Sponsor (no. and street) <b>130 Livingston St</b>		
City County State Zip code <b>Brooklyn, Kings, NY 11201</b>			
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid <b>Elevator Servicer and Repairer</b>			
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) <b>36</b>	5. DOL Apprentice Probation Period for Completion Rates (Months) <b>9</b>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <b>New York City Transit, Location (Brooklyn)</b>		RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate <b>\$42.06</b>
8. Credit for previous training or experience: <b>24</b> Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): <b>New York City Transit</b>			

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
0-12	13-24	25-36							
24.92	26.70	30.26							

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

\_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Signature of Official Sponsor Representative \_\_\_\_\_ Date \_\_\_\_\_

Registered by the New York State Department of Labor:

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

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.

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

Signature of DLEA Representative

Date

Print Name



APR 19 2024

**Apprenticeship Agreement**

Central Office

Sponsor No. \_\_\_\_\_ ATP Code 56-360

**I. Apprenticeship Agreement**

	1. Name of Program Sponsor <b>New York City Transit (NYCT)</b>				
	Physical address of Program Sponsor (no. and street) <b>130 Livingston St</b>				
	City	County	State Zip code		
	<b>Brooklyn, Kings County, NY 11201</b>				
	Mailing address of Program Sponsor (no. and street) <b>130 Livingston St</b>				
City			County	State	Zip code
<b>Brooklyn, Kings, NY 11201</b>					
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid					
<b>Elevator Servicer and Repairer</b>					
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Start Date	4. Length of program (Months)	5. DOL Apprentice Probation Period for Completion Rates (Months)	
If "Yes," Trade _____ State _____			<b>36</b>	<b>9</b>	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <b>New York City Transit, Location (Brooklyn)</b>			RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate <b>\$42.06</b>	
8. Credit for previous training or experience: <b>24</b> Months _____ Points _____ Sections _____					
<input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): <b>New York City Transit</b>					

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
0-12	13-24	25-36							
24.92	26.70	30.26							

Agree to the Terms on Page 2 of this Form.

Signature: \_\_\_\_\_ Date: 3/12/24  
 Signature of Official Sponsor Representative

Registered by the New York State Department of Labor:

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

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.

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

Signature of DLEA Representative \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_



APR 19 2024

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. \_\_\_\_\_

ATP Code 56-360

	1. Name of Program Sponsor <b>New York City Transit (NYCT)</b>		
	Physical address of Program Sponsor (no. and street) <b>130 Livingston St</b>		
	City	County	State Zip code
	<b>Brooklyn, Kings County, NY 11201</b>		
	Mailing address of Program Sponsor (no. and street) <b>130 Livingston St</b>		
City County State Zip code <b>Brooklyn, Kings, NY 11201</b>			
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid <b>Elevator Servicer and Repairer</b>			
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) <b>36</b>	5. DOL Apprentice Probation Period for Completion Rates (Months) <b>9</b>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <b>New York City Transit, Location (Brooklyn)</b>		RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate <b>\$42.06</b>
8. Credit for previous training or experience: <b>24</b> Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): <b>New York City Transit</b>			

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
0-12	13-24	25-36							
24.92	26.70	30.26							

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

\_\_\_\_\_  
 Guardian if age 16-17 Date 3/25/24 Signature of Official Sponsor Representative M. J. [Signature] Date 3/26/24

Registered by the New York State Department of Labor:

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

\_\_\_\_\_  
 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.

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

\_\_\_\_\_  
 Signature of DLEA Representative Date Print Name

**Apprenticeship Agreement**

I. Apprenticeship Agreement **Central Office** Sponsor No. \_\_\_\_\_ ATP Code **56-360**

	1. Name of Program Sponsor <b>New York City Transit (NYCT)</b>		
	Physical address of Program Sponsor (no. and street) <b>130 Livingston St</b>		
	City	County	State Zip code
	<b>Brooklyn, Kings County, NY 11201</b>		
	Mailing address of Program Sponsor (no. and street) <b>130 Livingston St</b>		
City County State Zip code <b>Brooklyn, Kings, NY 11201</b>			
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid <b>Elevator Servicer and Repairer</b>			
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) <b>36</b>	5. DOL Apprentice Probation Period for Completion Rates (Months) <b>9</b>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <b>New York City Transit, Location (Brooklyn)</b>		RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate <b>\$42.06</b>
8. Credit for previous training or experience: <b>24</b> Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): <b>New York City Transit</b>			

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
0-12	13-24	25-36							
24.92	26.70	30.26							

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

\_\_\_\_\_  
 Guardian if age 16-17 Date **03, 25, 24** Signature of Official Sponsor Representative **M. J. [Signature]** Date **3/26/24**

Registered by the New York State Department of Labor:

\_\_\_\_\_  
 Signature New York State Department of Labor Date \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Official Sponsor Representative Date \_\_\_\_\_ Print Name \_\_\_\_\_

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

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 _____	_____



APR 19 2024

**Apprenticeship Agreement**

I. Apprenticeship Agreement **Central Office** Sponsor No. \_\_\_\_\_ ATP Code **56-360**

	1. Name of Program Sponsor <b>New York City Transit (NYCT)</b>				
	Physical address of Program Sponsor (no. and street) <b>130 Livingston St</b>				
	City	County	State Zip code		
	<b>Brooklyn, Kings County, NY 11201</b>				
	Mailing address of Program Sponsor (no. and street) <b>130 Livingston St</b>				
City			County	State	Zip code
<b>Brooklyn, Kings, NY 11201</b>					
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid					
<b>Elevator Servicer and Repairer</b>					
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) <b>36</b>	5. DOL Apprentice Probation Period for Completion Rates (Months) <b>9</b>	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <b>New York City Transit, Location (Brooklyn)</b>			RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate <b>\$42.06</b>	
8. Credit for previous training or experience: <b>24</b> Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): <b>New York City Transit</b>					

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
0-12	13-24	25-36							
24.92	26.70	30.26							

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

Sign \_\_\_\_\_ Guardian if age 16-17 \_\_\_\_\_ Date **03/25/24** Signature of Official Sponsor Representative \_\_\_\_\_ Date **3/26/24**

Registered by the New York State Department of Labor:

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

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.

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

Signature of DLEA Representative \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Apprenticeship Agreement**

I. Apprenticeship Agreement Central Office Sponsor No. \_\_\_\_\_ ATP Code 56-360

	1. Name of Program Sponsor <b>New York City Transit (NYCT)</b>				
	Physical address of Program Sponsor (no. and street) <b>130 Livingston St</b>				
	City	County	State Zip code		
	<b>Brooklyn, Kings County, NY 11201</b>				
	Mailing address of Program Sponsor (no. and street) <b>130 Livingston St</b>				
City			County	State	Zip code
<b>Brooklyn, Kings, NY 11201</b>					
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid					
<b>Elevator Servicer and Repairer</b>					
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) <b>36</b>	5. DOL Apprentice Probation Period for Completion Rates (Months) <b>9</b>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <b>New York City Transit, Location (Brooklyn)</b>			RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate <b>\$42.06</b>	
8. Credit for previous training or experience: <b>24</b> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): <b>New York City Transit</b>					

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
0-12	13-24	25-36							
24.92	26.70	30.26							

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

	3/25/24 Date	<i>M. A. Deane</i> Signature of Official Sponsor Representative	3/26/24 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 _____	_____
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 \_\_\_\_\_

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 _____	_____

**Apprenticeship Agreement**

Central Office

**I. Apprenticeship Agreement**

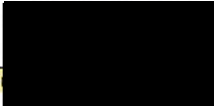
Sponsor No. \_\_\_\_\_ ATP Code 56-360

	1. Name of Program Sponsor <b>New York City Transit (NYCT)</b>		
	Physical address of Program Sponsor (no. and street) <b>130 Livingston St</b>		
	City	County	State Zip code
	<b>Brooklyn, Kings County, NY 11201</b>		
	Mailing address of Program Sponsor (no. and street) <b>130 Livingston St</b>		
	City	County	State Zip code
<b>Brooklyn, Kings, NY 11201</b>			
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid <b>Elevator Servicer and Repairer</b>			
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) <b>36</b>	5. DOL Apprentice Probation Period for Completion Rates (Months) <b>9</b>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <b>New York City Transit, Location (Brooklyn)</b>	RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate <b>\$42.06</b>	
8. Credit for previous training or experience: <b>24</b> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): <b>New York City Transit</b>			

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
0-12	13-24	25-36							
24.92	26.70	30.26							

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

	<u>03/25/24</u> Date	<u>M. J. [Signature]</u> Signature of Official Sponsor Representative	<u>3/26/24</u> 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	_____	_____
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 \_\_\_\_\_

_____ Signature of Official Sponsor Representative	_____ Date	_____ Print Name
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**State Use Only**

	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

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
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**State Use Only**

	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____



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Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. \_\_\_\_\_ ATP Code 56-360

1. Name of Program Sponsor  
**New York City Transit (NYCT)**

Physical address of Program Sponsor (no. and street)  
**130 Livingston St**

City County State Zip code  
**Brooklyn, Kings County, NY 11201**

Mailing address of Program Sponsor (no. and street)  
**130 Livingston St**

City County State Zip code  
**Brooklyn, Kings, NY 11201**

2. Trade:  Time-based  Competency-based  Hybrid  
**Elevator Servicer and Repairer**

Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program?  Yes  No  
If "Yes," Trade \_\_\_\_\_ State \_\_\_\_\_

3. Start Date \_\_\_\_\_ 4. Length of program (Months) **36** 5. DOL Apprentice Probation Period for Completion Rates (Months) **9**

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)  
**New York City Transit, Location (Brooklyn)** RI Compensated  Yes  No 7. Minimum Journey-Worker Rate **\$42.06**

8. Credit for previous training or experience: **24** Months Points Sections  
 Reinstatement  Vocational Education  Transfer  Previous Experience (Employer name): **New York City Transit**

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
0-12	13-24	25-36							
24.92	26.70	30.26							

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

\_\_\_\_\_  
Date **4/25/24** Signature of Official Sponsor Representative **[Signature]** Date **3/26/24**

Registered by the New York State Department of Labor:

\_\_\_\_\_  
Signature New York State Department of Labor Date \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
Signature of Official Sponsor Representative Date \_\_\_\_\_ Print Name \_\_\_\_\_

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

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: New York City Transit

Located at: (Address) 130 Livingston Street, Brooklyn, NY 11201

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

In the occupation of: (List Trade) Elevator Servicer and Repairer

**If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.**

**Minimum Qualifications**

Graduation from an approved technical or vocational school with specialized experience in electrical, electro-mechanical, electronic technology, or electrical construction; or a non-technical or vocational school graduate with at least 600 hours of specialized experience in the above fields.

Minimum Age: 17 Minimum Education: \_\_\_\_\_

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

**NYCT Occupational Health Services**

(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: Minimum average of 75% in CTE/Vocational courses.  
Must have a good attendance record.  
Must have a recommendation letter from a current teacher, mentor, employer, or other professional who can attest to academic or professional experience.

Other: GED/High School Diploma (CTE Seal or Vocational or Traditional), valid photo ID (state or passport), birth certificate, social security card, valid permanent resident card or employment authorization (if applicable).

Other: Must be able to pass a drug and background test. Must be able to pass a physical examination and be determined fit for duty.

NYS Department of Labor  
Apprentice Training

Application forms may be obtained: From: \_\_\_\_\_ To: \_\_\_\_\_

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Name: Human Resources

Central Office

Address: 180 Livingston St, Ground Fl

Days: Monday - Friday Times: 9am - 5pm

Phone: (646) 376-0123 Email: [REDACTED]

Special Instructions:

All Applications Must be (please check)  Received  Postmarked **No Later Than:** \_\_\_\_\_



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

New Program     Amended     Renewal

To be Administered by (Sponsor's Name): MTA - New York City Transit

Address: 130 Livingston Street, 3rd Floor, Brooklyn State: NY Zip: 11201

Plan is effective: From: 1/1/24 To: 1/1/29

**On behalf of the above-named sponsor,  
I certify that it is our intent to fulfill this Affirmative Action Plan.**

Signature of Sponsor:  Date: 2/29/24

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: Richard Davey

Title: President, NYC Transit

**Do not write below this line.**



Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

NYS Department of Labor

Title: \_\_\_\_\_

NYS Department of Labor  
Apprentice Training

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Central Office

**Part II – Labor Force Analysis/Utilization Study**

A. The total labor force is 4,354,475 in the following county(counties):

<u>New York</u>	<u>Richmond</u>	<u></u>
<u>Kings</u>	<u>Queens</u>	<u></u>
<u>Bronx</u>	<u></u>	<u></u>

The labor force includes:\*

**Minorities**

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

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:	<u>65.25</u>	%
Goal for Women:	<u>6.9</u>	%

**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.

**Part III – Current and Projected Staffing and Annual Goals**

Title of Trade Elevator Servicer and Repairer

**A. Current Staffing in the Above Trade**

	Total	African American		Hispanic		Other Minority		Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers									
Registered Apprentices									

**B. Projected Number of Apprentice Indentures\***

Year	20	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	Totals
New Positions							
Vacancies from Turnover**							
Total 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:\*

Year	20	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

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.

NYS Department of Labor  
Apprentice Training

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\* 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).

Central Office



**Part IV – Action Plans and Requirements (continued)**

**B. Recruitment**

It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- 1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).  
An area-wide public recruitment will publicize the following information:
  - a. Estimated number of apprentice job openings to be filled.
  - b. Eligibility requirements.
  - c. Where and when applications may be obtained.
  - d. When applications are to be submitted.
  - e. Affirmative Action policy of the sponsor.
- 2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank ([www.newyork.us.jobs/](http://www.newyork.us.jobs/)) for a minimum of five full working days before any selections are made.
- 3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (<https://newyork.usnlx.com/>).
- 4. Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used **must be attached** to be **submitted to the Commissioner of Labor** for review and approval prior to being used.\*

**C. Methods for Selection of Apprentices**

Selection of apprentices will be made under **one** of the following **four** methods. (Check One):

- 1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
  - a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
  - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
  - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

\* A sponsor using this method of recruitment should contact their Apprenticeship Training Representative for technical assistance.

**Part IV – Action Plans and Requirements (continued)**

**C. Methods for Selection of Apprentices (continued)**

- 2. Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
  - a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
  - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement.\*
  
- 3. Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
  - a. The method of random selection shall be subject to approval by the Commissioner of Labor.
  - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
  - c. The expected time and place of the selection shall be indicated in the recruitment notice.
  - d. The place of the selection shall be open for all applicants and the public.
  - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
  - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.
  
- 4. Alternative selection methods.\*\*

If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used **must be attached and submitted to the Commissioner of Labor** for review and approval prior to being used.

**D. Minimum Selection Standards and Evaluation.**

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/or on Form AT 508, Selection Standards and Evaluations, attached.

NYS Department of Labor  
Apprentice Training

APR 19 2024

Central Office

\* Sponsors are advised to keep all applications for a **minimum of one year**.

\*\* A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.