

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

 NYS Department of Labor
Apprentice Training

MAR 05 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: Palco Mechanical LLC
- B. Trade(s): Heating, Ventilation and Air conditioning Mechanic
- 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: Palco Mechanical 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: 48 Lake St
 City/Town: White Plains State: NY Zip Code: 10603
- G. Email: [REDACTED] H. Phone: (914) 920-5200 I. Fax: _____
- 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? 10
- 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

Date

Print name and title: Vincent Palaia - President

Sworn to me this: 30th day of January

Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

NYS Department of Labor
RECEIVED

MAR 4 2024

Apprentice Training
Albany Office

Sheena Schumann
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01SC6415961
Qualified in Westchester County
Commission Expires 03/29/2025

NYS Department of Labor
Apprentice Training

MAR 05 2024

Central Office



**NEW
YORK
STATE**

www.labor.ny.gov

JAN 24 2024

NYC

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Apprenticeship Training Program

Sponsor Code _____

Trade Code 56-458

Related Instruction Availability

Trade: Heating, Ventilation & Air Conditioning Mechanic

Sponsor Name: Palco Mechanical LLC

Sponsor Representative: Vincent Palaia

Sponsor Address:

No. & Street: 48 Lake St. City: White Plains

County: Westchester State: NY Zip Code: 10603

Sponsor Telephone No.: 914-920-5200

Proposed Number of Apprentices: 1

AT Office

Name: New York State Department of Labor|DEWS

No. & Street: 199 Church Street, 3rd floor

City: New York State: NY Zip Code: 10007

Apprentice Training Representative: Jackson Horn Date Prepared: 11/7/23

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

School

Name: Penn Foster

No. & Street: 925 Oak St.

City: Scranton State: PA Zip Code: 18515

School Representative Contact Information:

Name: Harold Ayers

Telephone No.: 1-800-672-9377

Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Emerald Roberts NYC Department of Education Citywide Office D79 Alternative Schools and Programs

No. & Street: 90-01 Sutphin Blvd., 2nd Floor Room # 229

City: Jamaica

State: NY

Zip Code: 11435

Signature of DLEA: [REDACTED]

Date Prepared: 2/1/24

AT 8 (4/19)

RECEIVED

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Apprentice Training
Albany Office

NYS Department of Labor
Apprenticeship Training Office

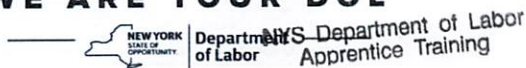
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Apprentice Training

MAR 05 2024

Central Office



MAR 05 2024

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 56-458

	1. Name of Program Sponsor Palco Mechanical LLC		
	Physical address of Program Sponsor (no. and street) 48 Lake St		
	City White Plains	County Westchester	State NY
	Zip code 10603		
	Mailing address of Program Sponsor (no. and street) 48 Lake St		
	City White Plains	County Westchester	State NY
Zip code 10603			
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Heating, Ventilating and Air conditioning Mechanic			
3. Start Date			
4. Length of program (Months) 48			
5. DOL Apprentice Probation Period for Completion Rates (Months) 12			
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Penn Foster (Online) http://www.workforcedevelopment.com/apprenticeship.html			
RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Minimum Journey-Worker Rate \$25 Hour			
8. Credit for previous training or experience: _____ Months _____ Points _____ Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): _____			

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
12 Months	12 Months	12 Months	12 Months						
\$16	\$18	\$20	\$22						

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

Signature

Date

Signature of Official Sponsor Representative

Date

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.

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

Signature of DLEA Representative

Date

Print Name

**Apprentice Training Recruitment Notification and Minimum Qualifications**Sponsor: Palco Mechanical LLCLocated at: (Address) 48 Lake St, White Plains, NY 10603Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 0In the occupation of: (List Trade) Heating, Ventilating and Air conditioning Mechanic

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

Minimum QualificationsMinimum Age: 18

Minimum Education:

Must have a high school diploma or a high school equivalency diploma (such as TASC or GED)

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

Must be able to lift 40 lbs per New York State Apprentice Program Physical Requirements

(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 possess a valid New York State driver's license in good standing to operate company-owned vehicles.**Other: **Must be able to read, hear and understand verbal instructions and warnings in English.**Other: **Must be able to crawl, climb ladders, scaffolds, roof tops, work within confined spaces such as attics and hallways, prolonged lifting, standing walking while wearing protective equipment as required.**NYS Department of Labor
Apprentice Training**MAR 05 2024**

Central Office

Application forms may be obtained: From: _____ To: _____

Name: Palco Mechanical LLCAddress: 48 Lake St, White Plains, NY 10603

Days: _____ Times: _____

Phone: (914) 920-5200 Email: [REDACTED]

Special Instructions:

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



Selection Standards and Evaluations

Name of Candidate: _____ Trade: Heating, Ventilating and Air conditioning MAddress: 48 Lake St City: Westchester State: NY Zip: 10603

Only those checked apply.

Educational Achievement

- ☒ 4 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities
- ☒ 4 Points for Each Year of Related Technical Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities
- ☒ 4 Points for Each Trade Related Adult or Continuing Education Course Completed
- ☐ Other: _____

	Maximum Points Allowable	Number of Years Credited	Score	
Total	32			Total
	12			
	12			
	8			

Work Experience

- ☒ 4 Points for Each Year of Trade Related Work Experience
- ☒ 4 Points for Each Year of Active Military Experience
- ☒ 4 Points for Each Year of General Work Experience
- ☐ Other: _____

Total	36			Total
	12			
	8			
	16			

Seniority

- ☒ 5 Points for Each Year of Employment with The Sponsoring Firm
- ☐ Other: _____

Total	10			Total
	10			

Job Aptitude

- ☐ Name of Aptitude Test: _____
- ☐ Administered by _____
- ☐ Other: _____

Total				Total

Oral Interview: Not to Exceed 40% of Total Score

- ☒ 0-5 Ability to Communicate
- ☒ 0-5 Willingness to Accept Obligation of Apprenticeship
- ☒ 0-5 Ability to Reason and Comprehend
- ☒ 0-5 Interest and Motivation
- ☐ Other: _____
- ☐ Other: _____

Total	20			Total
	5			
	5			
	5			
	5			

Total Allowable Points →

98

Total
Score →

Rank _____

Evaluated by: _____ (Name) Date: _____ NYS Department of Labor
Apprentice TrainingSponsor Name: Palco Mechanical LLC

MAR 05 2024

Sponsor Address: 48 Lake St, White Plains, NY 10603

Central Office

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NYS Department of Labor
Apprentice Training

MAR 05 2024

Central Office

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

1/30/2024

Vincent Palaia

Owner

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name Palco Mechanical LLC

Sponsor Code _____

No. of Apprentices 1

Trade(s) Heating, Ventilation and Air conditioning Mechanic Trade Code(s) 56-458