WE	ARE	YOUR	DOL
	NEW Y	Department of Labor	t ——

NYSDOL Use Only:	Sponsor No	
☑ New Program ☐ F	Reactivation 🛚 Revision	□ Recertification

#### New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprentice Training

## **Sponsor Information Sheet and Instructions**

MAR 0 5 2024

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Office Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Sect	tion I Sponsor name: Palco Mechanical LLC		
В.	Trade(s): Heating, Ventilation and Air conditioning Mechanic		<del></del>
C.	Type of Apprenticeship Training Program (check one):  1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint* 4. Group Joint (JAor sponsors of group programs only (3 and 4) – See instructions for signatory list submission infor		*
_	Palco Mechanical II C	mauon.	
D. 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: 48 Lake St	•	
• •	City/Town: White Plains State: NY Zip Code: 1	0603	
G.	(014) 020 5200		
J.	Federal Employer Identification Number (FEIN):		
K.	NYS Unemployment Insurance Employer Registration (ER) Number:		
L.	of Tax and Finance?	✓ Yes	□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? 10		
Ο.	Within the past five (5) years, have you done business under a different name?  If 'Yes', provide attachments as noted in the instructions.	☐ Yes	<b>☑</b> 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	☑ No
	tion II		
•	plete <b>all</b> questions, $(1 - 10)$ , in this section and provide attachments as noted in the instructions.		
prede	n the past five (5) years, has your organization, any substantially owned-affiliated entity,** any ecessor company or entity, any owner of 10% or more of the entity's shares, any director, any er, any partner, or any proprietor been the subject of:		
1.	•	☐ Yes	✓ No
2.	Any indictment or pending indictment for conduct constituting a crime under state or federal law?		<b>☑</b> No
3.	Any grant of immunity for conduct constituting a crime under state or federal law?	∐ Yes	<b>☑</b> No
	** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instruction	ons.	

	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? 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?	✓ No
	7.	a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation? Yes	✓ No
	8.	<ul> <li>b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes</li> <li>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</li> </ul>	☑ No
		Division of Safety and Health, or the Division of Labor Standards?	✓ 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	
		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.	
S	ecti	on III	
С	ertifi	cation – 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 associate	tion(s)
		g as a member of the JAC/JATC or other governing body at the time of new program application, during program	am
p	robat	ion, at recertification, or as otherwise deemed appropriate by the Department.	
I	certi	fy:	
		<ul> <li>That the Department may use its sole discretion to choose the means to determine the truth and accura of all statements made herein.</li> </ul>	су
	•	<ul> <li>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)).</li> </ul>	
		• That the information submitted in this questionnaire and any attachments is true, accurate, and complete	Э.
		ndersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or pating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor	
		ation request or program. Signing this document constitutes permission to release this information (including l	JI
in	form	ation) concerning the entity completing this form to the program sponsor.	,
	Y	1/30/2024	<u></u>
	_	ure of CEO, Chair, or representative granted legal authority to bind the Entity  Date	
Ρ	rint n	ame and title: Vincent Palaia - President	
		to me this: 30 day of Jogo Signature of Notary Public or Commissioner of Deeds	
1		NYSDOL Official Use Only	
ir	NYS	Department of Labor Sheena Schumann	
-	5	RECEIVED NOTARY PUBLIC, STATE OF NEW YORK NYS Departmen	nt of Labor Training
		MAR 4 2024  Registration No. 01SC6415961 Qualified in Westchester County Commission Expires 03/29/2025  MAR 0 5	
	Α	Apprentice Training	.0"
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# **Apprentice Training Program Registration Agreement**

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Name of Spor	nsor: Palco M	1echanica	ILLC							
Mailing Addre	ss: 48 Lake	St	V	White Plair	ns,	2-01-12	NY	10603		Westchester
V Hamilyidinin	(number	& street)		(city)			(state)	(zi	p code)	(county)
Actual Addres	s: 48 Lake S	St		White Plair		NY	A COLOR	10603	M 90	Westerchester
	•	& street)		(city)			(state)			(county)
Telephone No	o.: <u>(</u> 914) 920-	5200			Ext	Fax	x No.:			Parlamoi
E-mail Addres	ss:						154	ąr Da ys	9 2 0	arps adanogii e
Trade/Occupa	ation: Heating	g, Ventilati	ion and A	ir conditio	ning Mech	anic	Janeil Re			
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NO. Employee	5. 41	No. Appl	endees.	<u> </u>	140. Jour	ie y worker	3. <u>10</u>	0. 1	\alio. <u>1.</u>	11.0
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# NYS Department of Labor Apprenticeship Training Office

JAN 2 4 2024

#### WE ARE YOUR DOL

NEWYORK Department -

Sponsor Code Trade Code 56-458

Apprenticeship Training Program

NIVO

1410	Related Instru	ction Availa	bility	THE COLUMN TWO IS NOT
Trade: Heating, Ventilation &	Air Conditioning Mechanic	С		
Sponsor Name: Palco Mech	nanical LLC			
Sponsor Representative:	/incent Palaia		A A Principal Control of the Control	
Sponsor Address:				
No. & Street: 48 Lake St.		Cit	y: White Plains	
No. & Street: 48 Lake St.  County: Westchester		State: NY	Zip Code: 10603	
Sponsor Telephone No.: 9	14-920-5200			
Proposed Number of Appro	entices: 1			
AT Office				
Name: New York State Depart	artment of Labor DEWS			
No. & Street: 199 Church St	treet, 3rd floor			
City: New York		State: NY	Zip Code: 10007	
Apprentice Training Repre	esentative: Jackson Hom		Date Prepared: 1	1/7/23
Related instruction is  School  Name: Penn Foster  No. & Street: 925 Oak St.		Related instruc	tion <b>is</b> available at:	
		State: PA	Zip Code: 18515	
School Representative Co Name: Harold Ayers Telephone No.: 1-800-672- School Name:	9377			
No. & Street:			3	NYS Department of Lab
City:		State:	Zip Code:	Apprentice Training
School Representative Co				MAR 0 5 2024
Name:				
Telephone No.:				Central Office
DLEA Name: Emerald Roberts NY No. & Street: 90-01 Sutphir	C Department of Education	n Citywide Office [		l Programs
City: Jamaica		e: NY	Zip Code: 1143	5, /
Signature of DLEA _		·	Date Prepared: 2/	1/24
AT 8 (4/19)	RECEIVED	Apr	YS Department of Labor prenticeship Training Office	
	MAR 4 2024		FEB 2 1 2024	
	Apprentice Training Albany Office	48.	NYC 3	

AT 401 (11/20)

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

Page 1 of 2

NEW YORK STATE OF OPPOSITUALITY	Department of Labor of Labor Apprentice Training
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MAR 0 5 2024

### Apprenticeship Agreement

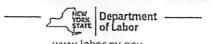
. Apprentices	hip Agreemen	ıt	Sponso	r No		ATP Co	ode <u>56-4</u>	58		
	, 0	Control Off	ce		1. Name of P	rogram Spo	onsor	White P R	THE INT	
					Palco M	lechan	ical LL	.C		
					Physical add	ress of Prog	ram Spons	or (no. and	street)	
					48 Lake	St				
					City	Cou	nty		State	Zip code
					White P	ains	West	hester	NY	10603
					Mailing addre	ss of Progr	am Sponso	r (no. and st	reet)	
					48 Lake	e St				
					City	Cou	nty		State	Zip code
					White P	lains	West	chester	NY	10603
					2. Trade: 🗹	77 (SCHI) 15 400(0E-15)		npetency-ba		Hybrid
					Z. Hade.	Time base	u 0011	ipotorioy bu	500 <u></u>	riyona
					Heating,	Ventilat	ng and $i$	Air cond	itioning	Mechani
Has the appre	ntice received as	ny Certificate of	Completion from	a State or Federal	3.Start Date	4. Length	of program	5. DOL Ap	prentice P	robation
	Program?		completion nom	a otato or r outrar	o.o.u.r bato	(Months)	or program	Period for		
If "Yes," Trade	mind to marris		St	ate	to did	48		(Months)	12	
6. Related and	Supplemental I	nstruction (RI) F	Provider(s) and lo	cation(s)		RI Comp	ensated	7. Minimu	m Journey	/-Worker Rate
Penn Foster	(Online) http:	://www.workfo	orcedevelopm	ent.com/apprenti	iceship.html	☐ Yes ✓ No		\$25	Hour	. Taken C
					· ·	INO	o ::	7		of a very
8.Credit for pre	evious training o	r experience:	Mont	hs	Points		Sections			
☐ Reinstate	ement	ational Education	on 🗌 Transfer	☑ Previous Expension	erience (Emplo	yer name):			HOT MI	
Apprentice Wa	ge Progression	(Without Benefit	s) for each Perio	d. Choose one: 🗹	Months	Hours 🔲	Points [	Sections		
1	2	3	4	5	6	7	8	9	)	10
12 Months	12 Months	12 Months	12 Months					F 157		in Wilesey)
\$16	\$18	\$20	\$22	8/10/23						
ΨΙΟ	Ψ10	0.70			200					and the same of the
10 134	Transpergie	The Sponso	or and the App	rentice Agree to	the Terms of	Page 2	of this For	rm.		
957			01	13012024	Vinc	ent Palaia			1	13012024
Signatu			1 11 70	Date	Signature of	Official Spons	sor Represen	tative		Date
Registere	ed by the New Yo	ork State Depart	ment of Labor:					120.		
								1175		
			*			1				
	Signature	New York State	Department of La	abor	Date					
	THE DEPARTM	ENT OF LABOR	MUST RECEIVE TH	IIS AGREEMENT WIT	HIN 30 CALENDA	AR DAYS OF	THE REQU	ESTED STAR	RT DATE.	of the second
			and the second of the second o	est (2000) en la company de		1. Marie and Company of the Company	THE RESERVE OF THE PARTY OF THE		E.M. Section (Street, 1990)	
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Check one: C			Terminated for (Explain in (		t Layoff (Lack of Wor		gram Termi	nation	Transfer	and the
Completion or Te	ermination Date <sub>-</sub>		to per union					and the man	State Us Date	Control of the Contro
Comments								To AT		— ——
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			A CHARLET AT A SA					Data E	.nay	
Signature of O	official Sponsor Rep	oresentative	Date		Print Name		2,24			
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III. RI Complet	ion							en dest	State Us	
<ul><li>☐ Apprentice ha</li><li>☐ Apprentice ha</li></ul>			Completion date	:				To ATO	Date C	e Init. 
	Hot dationed th		nne sacro					To DLI Data E		Programme Co.
Signature	e of DLEA Represe	entative	Date		Print Name	June Vincentia		Data E	пиу	Lating and the

Must be returned within 30 days of receipt

-2	Department ————————————————————————————————————	-
www	abor.ny.gov	

Sponsor Code:	
Trade Code:	56-458
Hado otto	

Apprentice Training Recruitm	ent Notification and Minimum Qualific	ations
Sponsor: Palco Mechanical LLC		
Located at: (Address) 48 Lake St, White Pla	ains, NY 10603	
Is presently accepting applications for Apprenticeshi	p Training Positions: List estimated number of openings: 0 atng and Air conditioning Mechanic	
If you are interested in taking advantage of this teligible to apply.	training opportunity and meet the following qualifications, y	u are
Minimum Qualifications  Minimum 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 th	e work required as determined by:	
Must be able to lift 40 lbs per New Yor	k State Apprentice Program Physical Requireme	nts
(Note: Costs for medical examination, if required, ar application fees charged to an applicant may not re-	re at the expense of the sponsor. Additionally, any testing fees ar sult in a profit for the sponsor.)	d permitted
Other: Must possess a valid New York S company-owned vehicles.	State driver's license in good standing to operate	9 d de 19 de
Other: Must be able to read, hear and u	nderstand verbal instructions and warnings in Er	glish.
Other: Must be able to crawl, climb ladders, and hallways, prolonged lifting, stand	scaffolds, roof tops, work within confined spaces such ling walking while wearing protective equipment as red	as attics uired.
	NY	Department of Labo     Apprentice Training
Application forms may be obtained: From:	То:	MAR 0 5 2024
Name: Palco Mechanical LLC  Address: 48 Lake St, White Plains, NY	10603	Central Office
Days:		
	Email:	
Special Instructions:		
		•
All Applications Must be (please check)	eived Postmarked No Later Than:	
AT 505 (05/21) See	Instructions on Reverse Side	Page 1 of 2



Sponsor Code	
Trade Code(s) 56	458

## Selection Standards and Evaluations

lame of Candidate:	rade: Hea	ating, Venti	latng and Air condition	ohing Me
ddress: 48 Lake St City: Wester	chester	S	State: NY Zip: 1060	3
Only those checked apply.		Maximum Points Allowable	Number of Years Score Credited	
✓ 4 Points for Each Year of Education Past Grade 12 or	Total	32		Total
Equivalent as Recognized by Local Educational Authorities		12		
Points for Each Year of Related Technical Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities		12		
Points for Each Trade Related Adult or Continuing Education Course Completed		8		
Other:				1-1
Vork Experience	Total	36	Managa Abi	Total
Points for Each Year of Trade Related Work Experience	Total	12		Total
Points for Each Year of Active Military Experience		8		1
Points for Each Year of General Work Experience		16		
Other:				
Seniority	Total	10		T-4-1
Points for Each Year of Employment with The Sponsoring Firm	Total	10		Total
Other:				
ob Aptitude	Total			Total
Name of Aptitude Test:	lotai			Total
Administered by				1
Other:				
Oral Interview: Not to Exceed 40% of Total Score	Total	20		Total
		5		
✓ 0-5 Willingness to Accept Obligation of Apprenticeship		5		
✓ 0-5 Ability to Reason and Comprehend		5		
✓ 0-5 Interest and Motivation		5	- 40,000	
Other:		-		-
Other:				
Total Allowable Points	$\rightarrow$	98	Total Score →	we compared to the compared to
		Rank		The state of the s
aluated by:			NYS Department of La Apprentice Training	bor
(Name) onsor Name: Palco Mechanical LLC			MAR 0 5 2024	
onsor Address: 48 Lake St, White Plains, NY 10603			AMMANGARE OCCURRENCE SAFET	
			Central Office	Page 1 o
508 (3/22)				rageio



www.labor.ny.gov

NYS Department of Labor Apprentice Training

MAR 0 5 2024

#### Non-Discrimination Plan (Short Form)

Central Office

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.

	utilized	tum Qualifications and Selection Standards: It is agreed that the minimum qualifications and selection standards It will be those listed on form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and forn 8, Selection Standards and Evaluations, on file with the Department.					
D.	Recrui	tment: It is agreed t	hat the sponsor will recruit applicants for apprenticeship by (Check One)	:			
		Listing all apprenti days before select	ce openings with the NYS Job Bank ( <a href="https://newyork.usnlx.com">https://newyork.usnlx.com</a> ) for a minor are made.	nimum of five full working			
	V	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 ( <a href="https://newyork.usnlx.com">https://newyork.usnlx.com</a> ).					
			lices by methods other than those above. A detailed statement of the rec ttached and approved by the Commissioner of Labor prior to being used.				
On beha	If of the	sponsor, I certify that	at it is our intent to fulfill these Equal Opportunity Standards.	1/20/2024			
Signature	e of Spo		ne above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.	7   30   10 2   Date			
	V	incent Palaia	Owner				
			Print Name and Title				
Approve	d by:		New York State Department of Labor	Date			

Sponsor Code No. of Apprentices 1

AT 602 (12/21)

Sponsor Name Palco Mechanical LLC

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