



MAR 19 2024

New York State

Registered Apprenticeship Training Program

Central Office

Sponsor Information Sheet and Instructions

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 IA. Sponsor name: Peter Luizzi & Bros Contracting, Inc.B. Trade(s): Operating Engineer (Universal Equipment) and Skilled Construction Craft Laborer

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: Peter Luizzi & Bros Contracting, Inc.

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 bodyF. Mailing address: Street: 857 1st StreetCity/Town: WatervlietState: NYZip Code: 12189G. Email: [REDACTED] H. Phone: (518) 482-8954 I. Fax: (518) 482-4847J. 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 ☐ OtherN. How many years has your organization been in business? 54O. 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 ☒ No2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... ☐ Yes ☒ No3. 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:

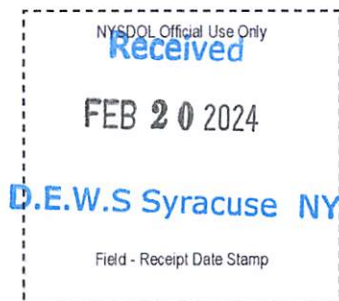
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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.

Taylor Legnard 02/08/2024
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Taylor Legnard, Contract/Fleet Administrator

Sworn to me this: 14th day of February, 2024 [Signature]
Signature of Notary Public or Commissioner of Deeds



KIM E. WEIR
NOTARY PUBLIC-STATE OF NEW YORK
No. 01WE6218950
Qualified in Albany County
My Commission Expires 03-15-2026

NYS Department of Labor
Apprentice Training
MAR 19 2024
Central Office

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D.E.W.S Syracuse NY

Apprentice Training Program Registration Agreement

Revision ☐Nature of Change: New Program Application

State Use Only

AT Sponsor No.

ATP Code

18-285

Effective Date
of AT Program1. Name of Sponsor: Peter Luizzi & Bros. Contracting, Inc.2. Mailing Address: 857 1st Street Watervliet NY 12189 Albany
(number & street) (city) (state) (zip code) (county)3. Actual Address: Same as Above
(number & street) (city) (state) (zip code) (county)4. Telephone No.: (518) 482-8954 Ext. Fax No.: 5. E-mail Address: 6. Trade/Occupation: Operating Engineer (Universal Equipment)7. No. Employees: 87 No. Apprentices: 1 No. Journeyworkers: 27 8. Ratio: 1:1,1:59. DOT Code: 859.683-010 10. Length of Program: 36 months11. Apprentice Probationary Period: 9 months 12. Work process: Standard ☒ or Revised ☐13. Minimum Journeyworker Rate: \$30.00 per hour 14. Effective Date of Wages: 01/01/2024

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 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"/>
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:	0-6	7-12	13-18	19-24	25-30	31-36				
Wage rate: or, percentage of the journeyworker rate:	65%	65%	70%	80%	90%	95%				

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

17. Taylor Legnard 2/8/24 18.
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Taylor Legnard, Contract/Fleet Administrator

Print Name and Title

Print Name, Title, and Union Name

19.
Signature New York State Department of Labor Date

MAR 19 2024

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Apprenticeship Training Program

Sponsor Code _____

Trade Code 18-285

Related Instruction Availability

Trade: Operating Engineer (Universal Equipment)

Sponsor Name: Peter Luizzi & Bros Contracting, Inc.

Sponsor Representative: Taylor Legnard

Sponsor Address:

No. & Street: 857 1st Street City: Watervliet

County: Albany State: NY Zip Code: 12189

Sponsor Telephone No.: 5184828954

Proposed Number of Apprentices: 1

AT Office

Name: Capital Region

No. & Street: Harriman State Office Campus, Building 12, Room 450

City: Albany State: NY Zip Code: 12226

Apprentice Training Representative: A. Blsnett Date Prepared: 3/7/24

☐ Related instruction is not available.

☒ Related instruction is available at:

School

Name: Construction Training Center of New York State – Eastern New York (CTCNYS-ENY)

No. & Street: 878 Old Shaker Road

City: Latham State: NY Zip Code: 12110

School Representative Contact Information:

Name: Courtney VanBuren

Telephone No.: 315-572-9899 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Christie Davis

No. & Street: 2805 State Highway 67

City: Johnstown State: NY Zip Code: 12095

Signature of DLEA [REDACTED] Date Prepared: 3/11/24

MAR 19 2024 Apprenticeship Agreement

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I. Apprenticeship Agreement

Central Office

Sponsor No. _____

ATP Code 18-285

1. Name of Program Sponsor

Peter Luizzi & Bros Contracting, Inc.

Physical address of Program Sponsor (no. and street)

857 1st Street

City

County

State

Zip code

Watervliet

Albany

NY

12189

Mailing address of Program Sponsor (no. and street)

Same as Above

City

County

State

Zip code

2. Trade: ☒ Time-based ☐ Competency-based ☐ Hybrid

Operating Engineer (Universal Equip)

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 Apprenticeship Probation Period for Completion Rates (Months) 9

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)

Construction Training Center of New York State – Eastern New York (CTCNYS-ENY)

RI Compensated

☐ Yes

☐ No

7. Minimum Journey-Worker Rate

\$30.00

8. Credit for previous training or experience:

Months

Points

Sections

☐ Reinstatement ☐ Vocational Education ☐ Transfer ☐ 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
6	6	6	6	6	6				
65%	65%	70%	80%	90%	95%				

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

02/13/24
Date

Signature of Official Sponsor Representative

02/13/24
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

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.

Signature of DLEA Representative

Date

Print Name

State Use Only

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

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Sponsor Code: _____

Trade Code: 18-285

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Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Peter Luizzi & Bros Contracting, Inc.

Located at: (Address) 857 1st Street Watervliet, NY 12189

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 1

In the occupation of: (List Trade) Operating Engineer (Universal Equipment)

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 or GED

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

The apprentice will sign an affidavit stating that they are physically capable of performing the required tasks; including pushing, pulling, and lifting weights of up to 40lbs; flexibility to bend, twist stretch or reach; ability to sit for prolonged periods; stability to climb in and out of equipment; dexterity to operate fine tasks.

(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 have reliable transportation to and from the jobsite and all classroom instruction programs.

Other: Must have a valid NYS Drivers license to operate company vehicles.

Other: Must be willing to participate in Drug Test Consortium. Drug testing is paid for by the program sponsor.

Application forms may be obtained: From: 01/01/2024 To: 12/31/2024

Name: Peter Luizzi & Bros. Contracting, Inc

Address: 857 1st Street Watervliet, NY 12189

Days: Monday thru Friday Times: 8:00 am - 4:00 pm

Phone: (518) 482-8954 Email: [REDACTED]

Special Instructions:

All applications must be completed in person at the company office according to the company's established hiring practices.

All Applications Must be (please check) ☒ Received ☐ Postmarked No Later Than: 12/31/2024

Received

FEB 20 2024

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Sponsor Code _____

Trade Code(s) 18-285

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Operating Engineer (Universal Equipment)

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

Only those checked apply.

Educational Achievement

- ☒ 2.5 Points for Each Year of Education Past Grade 10 or Equivalent as Recognized by Local Educational Authorities
- ☒ 2.5 Points for Each Year of Related Technical Education Past Grade 10 or Equivalent as Recognized by Local Educational Authorities
- ☒ 5 Points for Each Trade Related Adult or Continuing Education Course Completed
- ☒ 5 Other: For completion of a trade related safety course

	Maximum Points Allowable	Number of Years Credited	Score	
Total	25			Total
	5			
	5			
	10			
	5			

Work Experience

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

Total	25			Total
	10			
	10			
	5			

Seniority

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

Total	15			Total
	15			

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
- ☒ 0-5 Other: Professional Image (clean, neat & organized)
- ☒ 0-5 Other: Penmanship/clear concise writing (as revealed on the employment application)

Total	30			Total
	5			
	5			
	5			
	5			
	5			

Total Allowable Points



95

Total
Score →

Rank _____

Evaluated by: _____ Date: _____

(Name)

Sponsor Name: Peter Luizzi & Bros Contracting, Inc.NYS Department of Labor
Apprentice TrainingSponsor Address: 857 1st Street Watervliet, NY 12189

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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: _____

Taylor Legnard

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

2/8/24

Date

Taylor Legnard

Contract/Fleet Administrator

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name Peter Luizzi & Bros Contracting, Inc. Sponsor Code _____ No. of Apprentices 2

Trade(s) SCCL, OE (Universal Equipment) Trade Code(s) 18-514, 18-285