



NYS DOL Use Only: Sponsor No. [] New Program [] Reactivation [] Revision [] Recertification

AUG 01 2022

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 I

A. Sponsor name: Plug Power, Inc

B. Trade(s): Engineering Technician, Electromechanical Technician

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: Plug Power, Inc

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: 1025 JOHN ST City/Town: W. HENRIETTA State: NY Zip Code: 14624

G. Email: [redacted] H. Phone: 518 4412424 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): [x] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other

N. How many years has your organization been in business? 25/2

O. Within the past five (5) years, have you done business under a different name? [] Yes [x] 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? [x] Yes [] No

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.

Jeremy Maichuk Signature of CEO, Chair, or representative granted legal authority to bind the Entity 22 Jul 22 Date

Print name and title: JEREMY MAICHUK, DIRECTOR OF MANUFACTURING OPERATIONS

Sworn to me this: 22nd day of July, 2022 Sarah A. Johnson Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only
 Received
 Apprenticeship Unit
 JUL 25 2022
 ROCHESTER
 Field - Receipt Date Stamp

SARAH A. JOHNSON
 Notary Public, State of New York
 No. 01JC6365362
 Qualified in Monroe County
 Commission Expires October 02, 2025

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Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program Application

State Use Only	
AT Sponsor No.	
ATP Code	47-570
Effective Date of AT Program	

- Name of Sponsor: Plug Power
- Mailing Address: 1025 John Street West Henrietta NY 14624 Monroe
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same as above
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (518) 441-2424 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Manufacturing Engineering Technician
- No. Employees: 170 No. Apprentices: 0 No. Journeyworkers: 30 8. Ratio: 1:1;1:1
- DOT Code: 012.167-042 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 23.00 per hr 14. Effective Date of Wages: 7/6/2022

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

1	2	3	4	5	6	7	8	9	10
M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
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"/>
<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>						
<u>\$18.00</u>	<u>\$19.00</u>	<u>\$20.00</u>	<u>\$21.00</u>						

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

17. Jeremy 06 Jul 22 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Jeremy Maichuk - Director of Manufacturing Operations
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

NYS Department of Labor
Apprentice Training



AUG 01 2022

Related Instruction Availability

Central Office

Trade: Manufacturing Engineering Technician
Sponsor Name: Plug Power
Sponsor Representative: Jeremy Maichuk
Sponsor Address:
No. & Street: 1025 John Street City: West Henrietta
County: Monroe State: NY Zip Code: 14624
Sponsor Telephone No.: 518-441-2424
Proposed Number of Apprentices: 1

AT Office

Name: NYSDOL - Apprenticeship Training Unit
No. & Street: 276 Waring Road
City: Rochester State: NY Zip Code: 14609
Apprentice Training Representative: [REDACTED] Date Prepared: 7/18/22

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

School

Name: Monroe Community College *Pending New Trade Approval by NYS AT Council and NYSED.
No. & Street: 1000 East Henrietta Road
City: Rochester State: NY Zip Code: 14623
School Representative Contact Information:
Name: John Troy - Program Director, Skilled Trades and Industrial Technology
Telephone No.: (585) 685-6172 Email: [REDACTED]

School

Name: Penn Foster (Online)
No. & Street: www.workforcedevelopment.com
City: _____ State: _____ Zip Code: _____
School Representative Contact Information:
Name: Harold Ayers
Telephone No.: 1-800-233-0259 Email: _____

DLEA

Name: Paul V. Burke - Office of Adult & Continuing Education Rochester City School District
No. & Street: 30 Hart Street
City: Rochester State: NY Zip Code: 14605
Signature of DLEA _____ Date Prepared: _____



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Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Plug Power

Located at: (Address) 1025 John Street, West Henrietta, NY 14624

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

In the occupation of: (List Trade) Manufacturing Engineering Technician

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

Minimum Qualifications High School Diploma or High School Equivalency Diploma (such as TASC or GED).
Minimum Age: 18 yrs Minimum Education: _____

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

An applicant's verbal statement. Must pass a drug test, and be subject to a criminal background check, at the expense of the sponsor, at time of offer of employment.

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other: Must be an employee of the company for a minimum of 6 months prior to being enrolled as an apprentice. Must be able to lift and carry weights in excess of 35 lbs. (unassisted) for extended time periods. Must be able to stand for 10 hour periods.

Other: Must have basic math and measuring skills. Must have basic computer knowledge, including the use of Microsoft Office products. Must be able to read, hear, and understand verbal instructions and warnings given in English.

Other: Must have reliable transportation to and from work and required classes at the approved school. Must attend all required classes, at the approved school, as required to complete this apprenticeship program.

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

Name: Jeremy Maichuk - Director of Operations Management

Address: 1025 John Street, West Henrietta, NY 14624

Days: Monday - Friday Times: 08:00 am until 4:00pm

Phone: _____ Email: _____

Special Instructions:

Interested and eligible candidates must notify their assigned Value Stream Managers that they are interested in applying for the Registered Apprenticeship Program.

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

NYS Department of Labor
Apprentice Training



Selection Standards and Evaluations

Name of Candidate: _____ Trade: Manufacturing Engineering Technician

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement				
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	20		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	8		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Trade Related Adult or Continuing Education Course Completed	8		
<input type="checkbox"/>	Other: _____	4		
Work Experience				
<input checked="" type="checkbox"/>	<u>3</u> Points for Each Year of Trade Related Work Experience	25		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Active Military Experience	15		
<input type="checkbox"/>	Points for Each Year of General Work Experience	10		
<input type="checkbox"/>	Other: _____			
Seniority				
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Employment with The Sponsoring Firm	20		
<input type="checkbox"/>	Other: _____	20		
Job Aptitude				
<input type="checkbox"/>	Name of Aptitude Test: _____			
<input type="checkbox"/>	Administered by _____			
<input type="checkbox"/>	Other: _____			
Oral Interview: Not to Exceed 40% of Total Score				
<input checked="" type="checkbox"/>	<u>1-5</u> Ability to Communicate	20		
<input checked="" type="checkbox"/>	<u>1-5</u> Willingness to Accept Obligation of Apprenticeship	5		
<input checked="" type="checkbox"/>	<u>1-5</u> Ability to Reason and Comprehend	5		
<input checked="" type="checkbox"/>	<u>1-5</u> Interest and Motivation	5		
<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	Other: _____			

Total Allowable Points →

85	Total Score →	
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Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Plug Power

Sponsor Address: 1025 John Street, West Henrietta, NY 14624

NYS Department of Labor
Apprentice Training

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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 (www.newyork.us.jobs/) 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 (www.newyork.us.jobs/).
- 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.

06 Jun 22

Date

Jeremy Maichuk

Director of Manufacturing Operations

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name Plug Power

Sponsor Code _____

No. of Apprentices 0

Trade(s) Manufacturing Engineering Technician,

Trade Code(s) 47-570, 47-564

ELECTRO-MECHANICAL TECHNICIAN

AT 602 (11/20) NYS Department of Labor
Apprentice Training

AUG 01 2022

Central Office