New York State
Registered Apprenticeship Training Program

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: Beaver Mountain Log Homes Inc.
B. Trade(s): Drafter (Architectural) and Marketing Coordinator (Compensation-Based)
C. Type of Apprenticeship Training Program (check one):
   *For sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.
D. Name of entity completing this form: Beaver Mountain Log Homes 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 body F. Mailing address: Street: 1740 County Hwy 48 City/Town: Deposit State: NY Zip Code: 13754
G. Email: [redacted] H. Phone: 607-287-6342 I. Fax:
J. Federal Employer Identification Number (FEIN): [redacted]
K. NYS Unemployment Insurance Employer Registration:
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? 40
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
Drew Prochazka Business Manager

Print name and title:

Sworn to me this: 12 day of August 2022

Signature of Notary Public or Commissioner of Deeds

NYS/DOL Official Use Only

RECEIVED SEP 16 2022
D.E.W.S., SYRACUSE NY

Field - Receipt Date Stamp

AT 9 (05/16)

TERRY L. BUSH
Notary Public, State of New York
Qualified in Delaware County
No. 01BU6058548
Commission Expires May 14, 2023
Apprentice Training Program Registration Agreement

Revision □

Nature of Change: New Program Application

State Use Only

AT Sponsor No.
ATP Code 89-064
Effective Date of AT Program

1. Name of Sponsor: Beaver Mountain Log Homes Inc.

2. Mailing Address: 1740 County Highway 48
Deposit NY 13754 Delaware
(number & street) (city) (state) (zip code) (county)

3. Actual Address: Same as Above
(number & street) (city) (state) (zip code) (county)

4. Telephone No.: 607-467-2700 Ext. Fax No.:

5. E-mail Address: 

6. Trade/Occupation: Drafter (Architectural)


8. Ratio: 1:1:1

9. DOT Code: 001.261-010

10. Length of Program: 48 months

11. Apprentice Probationary Period: 12 months

12. Work process: Standard □ or Revised □

13. Minimum Journeyworker Rate: $24.00 per Hour

14. Effective Date of Wages: 8/2/22

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

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19. 20 21 23

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

17. Signature of Official Sponsor Representative

Drew Prochazka Business Manager

Date

18. Signature of Union Representative

Date

Print Name and Title

Print Name, Title, and Union Name

19. Signature New York State Department of Labor

Date

AT 10 (11/20)
WE ARE YOUR DOL

Apprenticeship Training Program

Related Instruction Availability

Trade: Drafter (Architectural)
Sponsor Name: Beaver Mountain Log Homes Inc.
Sponsor Representative: Drew Prochazka
Sponsor Address:
No. & Street: 1740 County Highway 48
County: Delaware
City: Deposit
State: NY
Zip Code: 13754
Sponsor Telephone No.: 607-287-6342
Proposed Number of Apprentices: 0

AT Office
Name: Central Region
No. & Street: 450 S. Salina Street, Room 203
City: Syracuse
State: NY
Zip Code: 13202
Apprentice Training Representative: [Redacted]
Date Prepared: 9/6/22

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

School
Name: Broome Community College
No. & Street: 907 Front Street
City: Binghamton
State: NY
Zip Code: 13905
School Representative Contact Information:
Name: Danielle Britton
Telephone No.: [Redacted]
Email: [Redacted]

School
Name: SUNY Delhi
No. & Street: 454 Delhi Drive
City: Delhi
State: NY
Zip Code: 13753
School Representative Contact Information:
Name: Misty Fields
Telephone No.: 607-746-4546
Email: [Redacted]

DLEA
Name: Lynette Bryan
No. & Street: 435 Glenwood Road
City: Binghamton
State: NY
Zip Code: 13905
Signature of DLEA: [Redacted]
Date Prepared: 10/6/22

AT 8 (4/19)
Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Beaver Mountain Log Homes Inc.
Located at: (Address) 1740 County Highway 48 Deposit, NY 13754

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 0
In the occupation of: (List Trade) Drafter (Architectural)

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 Diploma or Equivalent (TASC/GED)

Physical Condition: Be physically able to perform the work required as determined by:
Verbally attest to the ability to sit at a computer for extended periods of time.

(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:
Other:
Other:

Application forms may be obtained: From: ____________ To: ____________
Name: Drew Prochazka
Address: 1740 County Highway 48 Deposit, NY 13754

Days: ________________________ Times: ________________________
Phone: (607) 287-6342 Email: ________________________

Special Instructions:

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

AT 505 (05/21) See Instructions on Reverse Side Page 1 of 2
# Selection Standards and Evaluations

**Name of Candidate:** N/A  
**Trade:** Drafter (Architectural)

**Address:** ___________________  
**City:** ___________________  
**State:** ____  
**Zip:** ________

## Educational Achievement

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<tr>
<th>Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities</th>
<th>Total</th>
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<th>Points for Each Year of Related Technical Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities</th>
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<table>
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<tr>
<th>Points for Each Trade Related Adult or Continuing Education Course Completed</th>
<th>Total</th>
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**Other:** ___________________

## Work Experience

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<th>Points for Each Year of Trade Related Work Experience</th>
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<th>Points for Each Year of Active Military Experience</th>
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<tr>
<th>Points for Each Year of General Work Experience</th>
<th>Total</th>
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<td>10</td>
<td>10</td>
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**Other:** ___________________

## Seniority

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<th>Points for Each Year of Employment with The Sponsoring Firm</th>
<th>Total</th>
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**Other:** ___________________

## Job Aptitude

| Name of Aptitude Test: ___________________  
Administered by ___________________  
Other: ___________________ | Total |
|---|---|

## Oral Interview: Not to Exceed 40% of Total Score

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<tr>
<th>Ability to Communicate</th>
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<tr>
<td>Willingness to Accept Obligation of Apprenticeship</td>
<td>Total</td>
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<tr>
<td>Ability to Reason and Comprehend</td>
<td>Total</td>
</tr>
<tr>
<td>Interest and Motivation</td>
<td>Total</td>
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</table>

**Other:** ___________________

**Total Allowable Points:** 50

**Rank:** ___________________

**Evaluated by:** ___________________  
**Date:** ___________________

**Sponsor Name:** ___________________

**Sponsor Address:** 1740 County Highway 48  Deposit, NY 13754

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*AT 508 (3/22)*  
*Page 1 of 2*
WE ARE YOUR DOL

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 800; 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 as 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.newyorkus.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.newyorkus.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: ___________________________ Date: 8/29/22

Drew Prochazka

Drew Prochazka
Print Name and Title

Business Manager

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

Approved by: ___________________________

New York State Department of Labor

Date

Sponsor Name: Beaver Mountain Log Homes Inc

Sponsor Code: ___________________________

No. of Apprentices: 1

Trade(s): 89-064, 73-606C

Drafters (Architectural), Marketing Coordinator

Trade Code(s): ___________________________

AT 602 (11/20)