

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

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

Received SEP 25 2025 D.E.W.S Syracuse NY

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: Lippert dba Taylor Made Group

B. Trade(s): Precision TIG (GTAW) Welder

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: Lippert

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: 93 South Blvd

City/Town: Cloversville State: NY Zip Code: 12078

G. Email: [redacted] H. Phone: (574) 891-3237 I. 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? 69

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? [ ] Yes [x] 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.

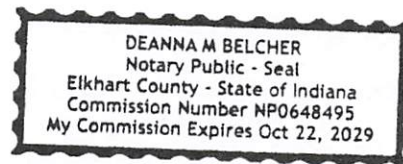
*[Signature]* 09/18/2025  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Kate Fisher, Learning Specialist

Sworn to me this: 18 day of September, 2025 *[Signature]*  
 Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor  
 Apprentices Training  
 OCT 02 2025  
 Central Office



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**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Use Only	
AT Sponsor No.	
ATP Code	33-578
Effective Date of AT Program	

- Name of Sponsor: Lippert dba Taylor Made Group
- Mailing Address: 3501 County Road 6 Elkhart IN 46514 Elkhart  
(number & street) (city) (state) (zip code) (county)
- Actual Address: 93 South Blvd. Gloversville NY 12078 Fulton  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (574) 891-3237 Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- Trade/Occupation: Precision TIG (GTAW) Welder
- No. Employees: 130 No. Apprentices: 0 No. Journeyworkers: 13 8. Ratio: 1:1,1:1
- DOT Code: \_\_\_\_\_ 10. Length of Program: 12 months
- Apprentice Probationary Period: 3 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$23.00 per hour 14. Effective Date of Wages: 06/04/2025

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 type="checkbox"/>	M <input 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:	3	3	3	3						
Wage rate: or, percentage of the journeyworker rate:	20.00	21.00	22.00	23.00						

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

17. [Signature] 06/17/2025 18. \_\_\_\_\_  
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Kate Fisher, Learning Specialist \_\_\_\_\_  
Print Name and Title Print Name, Title, and Union Name

19. \_\_\_\_\_  
Signature New York State Department of Labor Date

# WE ARE YOUR DOL



Sponsor Code \_\_\_\_\_

Trade Code 33-578

## Related Instruction Availability

Trade: Precision TIG (GTAW) Welder

Sponsor Name: Lippert dba Taylor Made Group

Sponsor Representative: Kate Fisher

Sponsor Address:

No. & Street: 93 South Blvd. City: Gloversville

County: Fulton State: NY Zip Code: 12078

Sponsor Telephone No.: 574-891-3237

Proposed Number of Apprentices: \_\_\_\_\_

NYS Department of Labor  
Apprentice Training

OCT 02 2025

Central Office

### AT Office

Name: Capital Region

No. & Street: 1220 Washington Ave, Building 12, Room 459

City: Albany State: NY Zip Code: 12226

Apprentice Training Representative: \_\_\_\_\_ Date Prepared: 7/28/25

Related instruction is **not** available.

Related instruction is available at:

### School

Name: Fulton Montgomery Community College

No. & Street: 2805 State Highway 67

City: Johnstown State: NY Zip Code: 12095

School Representative Contact Information:

Name: Christie Davis

Telephone No.: 518-736-3622 ext. 8931 Email: [REDACTED]

### School

Name: Mohawk Valley Community College

No. & Street: 1101 Sherman Drive

City: Utica State: NY Zip Code: 13501

School Representative Contact Information:

Name: Morgan Roller

Telephone No.: 315-792-5384 Email: [REDACTED]

### DLEA

Name: Christie Davis

No. & Street: 2805 State Highway 67

City: Johnstown State: NY Zip Code: 12095

Signature of DLEA: [REDACTED] Date Prepared: 08/12/25



**Apprentice Training Recruitment Notification and Minimum Qualifications**

Sponsor: Lippert dba Taylor Made Group

Located at: (Address) 93 South Blvd., Gloversville, NY 12078

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 0

In the occupation of: (List Trade) Precision TIG (GTAW) Welder

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

**Minimum Qualifications**

N/A

Minimum Age: 17 Minimum Education: \_\_\_\_\_

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

Applicants will be physically capable of performing the essential functions of the occupation, with or without a reasonable accommodation, and without posing a direct threat to the health and safety of the individual or others.

(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: **Applicants attest to their physical capability verbally during the interview process.**

Other: **Applicants must pass a background check prior to hire.**

Other: **Applicants are drug tested the first day of hire.**

NYS Department of Labor  
Apprentice Training

OCT 02 2025

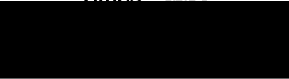
Central Office

Application forms may be obtained: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: Kate Fisher

Address: 93 South Blvd., Gloversville, NY 12078

Days: \_\_\_\_\_ Times: \_\_\_\_\_

Phone: (574) 891-3237 Email: 

Special Instructions:

All Applications Must be (please check)  Received  Postmarked **No Later Than:** \_\_\_\_\_



**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: Precision TIG (GTAW) Welder

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
<b>Educational Achievement</b>				
<input type="checkbox"/>	Points for Each Year of Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities			
<input type="checkbox"/>	Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities			
<input type="checkbox"/>	Points for Each Trade Related Adult or Continuing Education Course Completed			
<input type="checkbox"/>	Other: _____			
<b>Work Experience</b>				
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Trade Related Work Experience	10		
<input type="checkbox"/>	Points for Each Year of Active Military Experience			
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	5		
<input type="checkbox"/>	Other: _____			
<b>Seniority</b>				
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Employment with The Sponsoring Firm	5		
<input checked="" type="checkbox"/>	<u>2</u> Other: <u>Years in Department/Role of the Apprenticeship</u>	10		
<b>Job Aptitude</b>				
<input type="checkbox"/>	Name of Aptitude Test: _____ Administered by _____			
<input checked="" type="checkbox"/>	<u>1</u> Other: <u>Ability to physically perform the job</u>	30		
<b>Oral Interview: Not to Exceed 40% of Total Score</b>				
<input checked="" type="checkbox"/>	<u>1</u> Ability to Communicate	10		
<input checked="" type="checkbox"/>	<u>1</u> Willingness to Accept Obligation of Apprenticeship	10		
<input checked="" type="checkbox"/>	<u>1</u> Ability to Reason and Comprehend	10		
<input checked="" type="checkbox"/>	<u>1</u> Interest and Motivation	10		
<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	Other: _____			

Total Allowable Points → 

100	Total Score →	
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Evaluated by: \_\_\_\_\_ (Name) Rank: \_\_\_\_\_  
 Date: \_\_\_\_\_ NYS Department of Labor  
 Apprentice Training  
 Sponsor Name: Lippert dba Taylor Made Group **OCT 02 2025**  
 Sponsor Address: 93 South Blvd., Gloversville, NY 12078 Central Office

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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.

NYS Department of Labor  
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Central Office

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.

E. **Outreach and Positive Recruitment Plan (if applicable):** Detail all the specific activities the sponsor will undertake to expand the opportunities for minority and female participation in the apprenticeship program. (Attach additional sheets if necessary.) The extent of outreach and recruitment activities may vary with the size and type of program and its resources. Refer to Equal Employment Opportunity in Apprenticeship Training Regulations Section 600.5 (c) for examples of outreach and positive recruitment.

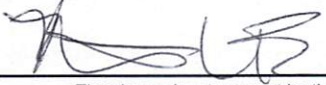
**Outreach and Recruitment Activities:**

N/A

**Direct Entry Provider(s):** (See <https://dol.ny.gov/direct-entry>)

N/A

On behalf of the sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor:  6/17/25  
Date

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

Name: Kate Fisher Title: Learning Specialist

Approved by: \_\_\_\_\_  
New York State Department of Labor Date

Sponsor Name: Lippert dba Taylor Made Group

Sponsor Code: \_\_\_\_\_ Number of Apprentices: 0 NYS Department of Labor  
Apprentice Training

Trade(s): Precision TIG (GTAW) Welder OCT 02 2025

Trade Code(s): 33-578 Central Office