



NYS DOL Use Only:

Sponsor No. _____
[checked] New Program [] Reactivation
[] Revision [] Recertification

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 4-6 before completing this form.

Section I

A. Sponsor name: Sage Builders Syndicate

B. Trade(s): Carpenter

C. Type of Apprenticeship Training Program (check one):
1. [checked] 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: Sage Builders Syndicate

E. Entity completing this form (check one):
[checked] 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: 12 Little Neck Rd.
City/Town: Centerport State: NY Zip Code: 11721

G. Email: [redacted]

H. Phone: (860) 908 - 3284 Ext.: [] I. Fax: () - []

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? [checked] Yes [] No

M. Type of Entity (check one and provide attachments as noted in the instructions):
[checked] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other

N. How many years has your organization been in business? 3

O. Within the past five (5) years, have you done business under a different name? [] Yes [checked] 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 [checked] No
If 'Yes', provide attachments as noted in the instructions.

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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
- 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

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** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

After completing Sections I and II, you must sign Section III.


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

4/3/26
Date

Print name and title: Chaz Partosan, CEO

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Field - Receipt Date Stamp

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Apprentice Training

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Department of Labor

www.labor.ny.gov

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program Application

State Use Only	
AT Sponsor No.	
ATP Code	ATP 12-037
Effective Date of AT Program	

- Name of Sponsor: Sage Builders Syndicate
- Mailing Address: 12 Little Neck Rd. Centerport NY 11721 Suffolk
(number & street) (city) (state) (zip code) (county)
- Actual Address: 12 Little Neck Rd. Centerport NY 11721 Suffolk
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (860) 908-3284 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Carpenter
- No. Employees 8 No Apprentices: 0 No Journeyworkers: 1 8. Ratio: 1:1:1:4
- DOT Code: _____ 10 Length of Program: 32 months
- Apprentice Probationary Period: 8 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 50 per hour 14. Effective Date of Wages: 02/09/2026

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:	0-12	13-24	25-32							
Wage rate: or, percentage of the journeyworker rate:	<u>25</u>	<u>28</u>	<u>31</u>							

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

17. [Signature] 4/13/26 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Chaz Partosan, CEO _____
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

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Sponsor Code _____
Trade Code ATP 12-037

Related Instruction Availability

Trade: Carpenter
Sponsor Name: Sage Builders Syndicate
Sponsor Representative: Chaz Partosan
Sponsor Address:
No. & Street: 12 Little Neck Rd. City: Centerport
County: Suffolk State: NY Zip Code: 11721
Sponsor Telephone No.: 860-908-3284
Proposed Number of Apprentices: 1

AT Office

Name: Alberto Ventura
No. & Street: 120 Bloomingdale Road
City: White Plains State: NY Zip Code: 10605
Apprentice Training Representative: _____ Date Prepared: _____

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

School

Name: Penn Foster
No. & Street: 200 Hickory Street
City: Scranton State: PA Zip Code: 18505
School Representative Contact Information:
Name: Robert Braxton
Telephone No.: 888-427-6500 ext 5246 Email: _____

School

Name: _____
No. & Street: _____
City: _____ State: _____ Zip Code: _____
School Representative Contact Information:
Name: _____
Telephone No.: _____ Email: _____ Central Office

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DLEA

Name: Colleen M. Hurd
No. & Street: 303 N. Main St.
City: Emira State: NY Zip Code: 14905
Signature of DLEA _____ Date Prepared: _____



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Sage Builders Syndicate

Located at: (Address) 12 Little Neck Rd. Centerport NY 11271

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

In the occupation of: (List Trade) Carpenter

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

Minimum Qualifications

Must have a high school diploma or a high school equivalency diploma (such as TASC or GED).

Minimum Age: 18 Minimum Education: _____

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

- Being able to lift over 50lbs
- Balance
- Ability to stand for long 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:

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Apprentice Training

Other:

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Other:

Central Office

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

Name: Sage Builders Syndicate

Address: 12 Little Neck Rd. Centerport NY 11271

Days: Monday to Friday Times: 8:00 AM to 5:00 PM

Phone: (860) 908-3284 Email: _____

Special Instructions:

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

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Department of Labor

www.labor.ny.gov

Sponsor Code _____

Trade Code(s) ATP 12-037

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Carpenter

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

Only those checked apply.																																				
<p>Educational Achievement</p> <p><input checked="" type="checkbox"/> <u>10</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities</p> <p><input checked="" type="checkbox"/> <u>10</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities</p> <p><input type="checkbox"/> _____ Points for Each Trade Related Adult or Continuing Education Course Completed</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Maximum Points Allowable</th> <th style="width: 15%;">Number of Years Credited</th> <th style="width: 15%;">Score</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>30</td> <td style="background-color: #cccccc;"></td> <td></td> <td>Total</td> </tr> <tr> <td></td> <td>15</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>15</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Maximum Points Allowable	Number of Years Credited	Score		Total	30			Total		15					15																		
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<p>Job Aptitude</p> <p><input type="checkbox"/> _____ Name of Aptitude Test: _____</p> <p>Administered by _____</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Total</td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> <td>Total</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Total				Total																														
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<p>Oral Interview: Not to Exceed 40% of Total Score</p> <p><input checked="" type="checkbox"/> <u>0-7</u> Ability to Communicate</p> <p><input checked="" type="checkbox"/> <u>0-7</u> Willingness to Accept Obligation of Apprenticeship</p> <p><input checked="" type="checkbox"/> <u>0-7</u> Ability to Reason and Comprehend</p> <p><input checked="" type="checkbox"/> <u>0-7</u> Interest and Motivation</p> <p><input type="checkbox"/> _____ Other: _____</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Total</td> <td>28</td> <td style="background-color: #cccccc;"></td> <td></td> <td>Total</td> </tr> <tr> <td></td> <td>7</td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <td></td> <td>7</td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <td></td> <td>7</td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <td></td> <td>7</td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> </tbody> </table>	Total	28			Total		7					7					7					7													
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Total Allowable Points →

83	Total Score →
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Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Sage Builders Syndicate

Sponsor Address: 12 Little Neck Rd., Centerport, NY 11721

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.

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- 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:

Post job vacancy (apprenticeship) with the NYS Job Bank. We already have a worker that will transition into our apprentice.

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

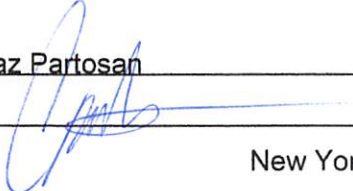
N/A

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

Signature of Sponsor: _____ / / _____

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

Print Name: Chaz Partosan Title: CEO

Approved by:  _____ 4/3/26

New York State Department of Labor

Date

Sponsor Name: Sage Builders Syndicate

Sponsor Code: _____ No. of Apprentices: 1

Trade(s): Carpenter

Trade Codes(s): ATP 12-037

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