



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

NYS Department of Labor
Apprentice Training

JUL 19 2024

Central Office

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: United Service Workers Local 355 JATF
B. Trade(s): Heating, Ventilation and Air Conditioning Mechanic
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: UltimatePower 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: 45 Nancy Street
City/Town: West Babylon State: NY Zip Code: 11704
G. Email H. Phone: (631) 491-1300 I. Fax:
J. Federal Employer Identification Number (FEIN):
K. NYS Unemployment Insurance Employer Registration (ER) Number:
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? 52
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: *[Signature]* Date: 10/30/2023
 Print name and title: MICHAEL J. LORUSSO - PRESIDENT (STOCK HOLDER)
 Sworn to me this: 30th day of October 2023 Laurie Taldone
 Signature of Notary Public or Commissioner of Deeds

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 Hicksville, L.I.
 APR 03 2024
 NYS DEPARTMENT OF LABOR
 APPRENTICESHIP UNIT
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LAURIE TALDONE
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01TA6438834
 Qualified in Suffolk County
 My Commission Expires August 22, 2026

NYS Department of Labor
 Apprenticeship Training
 JUL 19 2024
 Central Office



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

NYS Department of Labor
Apprentice Training

JUL 19 2024

Central Office

New York State
Registered Apprenticeship Training Program

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Section I

- A. Sponsor name: United Service Workers Local 355 JATF
B. Trade(s): Heating, Ventilation and Air Conditioning Mechanic
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: Eastern Industrial Services of NY 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: 215 McCormick Drive
City/Town: Bohemia State: NY Zip Code: 11716
G. Email H. Phone: (631) 471-7205 I. Fax:
J. Federal Employer Identification Number (FEIN):
K. NYS Unemployment Insurance Employer Registration (ER) Number:
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

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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: Chris Prydatko Date: 10/26/2023

Print name and title: Chris Prydatko President

Sworn to me this: 26 day of October 23 Signature of Notary Public or Commissioner of Deeds: Patricia Wolf

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NYS Department of Labor
 Apprenticeship Training
 JUL 19 2024
 Central Office

PATRICIA A WOLF
 Notary Public, State of New York
 Registration #01WO6324942
 Qualified In Suffolk County
 Commission Expires May 18, 2019 27



JUL 19 2024

Central Office

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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: United Service Workers Local 355 JATF
B. Trade(s): Heating, Ventilation and Air Conditioning Mechanic
C. Type of Apprenticeship Training Program (check one):
1. [] Individual Non-Joint 2. [] Individual Joint 3. [] Group Non-Joint* 4. [X] 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: Sav Mor Mechanical Services Inc.
E. Entity completing this form (check one):
[] Individual Employer/Sponsor [] Union [] JAC/JATC [] Association
[X] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: 30D Howard Place
City/Town: Ronkonkoma State: NY Zip Code: 11779
G. Email: [REDACTED] H. Phone: (631) 467-8585 I. Fax: (631) 467-8684
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? 20
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] 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 [X] 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 [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
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Ryan Schiavone 10/31/2023
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Ryan Schiavone

Sworn to me this: 31st day of October, 2023 

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 APR 08 2024
 NYS DEPARTMENT OF LABOR
 APPRENTICESHIP UNIT
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NYS Department of Labor
 Apprenticeship Training
JUL 19 2024
 Central Office

Signature of Notary Public or Commissioner of Deeds
PEDRO A SOLORZANO
 NOTARY PUBLIC, STATE OF NEW YORK
 No. 01SO6307407
 Qualified in Suffolk County
 My Commission expires October 18th 2026



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

NYS Department of Labor
Apprentice Training

New York State

JUL 19 2024

Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

Central Office

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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: United Service Workers Local 355 JATF
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: 267 Knickerbocker Avenue
City/Town: Bohemia State: NY Zip Code: 11716
G. Email: H. Phone: (631) 589-5880 I. Fax: (631) 589-5856
J. Federal Employer Identification Number (FEIN):
K. NYS Unemployment Insurance Employer Registration (ER) Number:
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? 18
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
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2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? Yes No
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7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... Yes No
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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
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Brian Keating 11/02/2023
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Brian Keating Director

Sworn to me this: 23 day of January 2024 Christie H. Weichert
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

CHRISTIE H. WEICHERT
Notary Public, State of New York
Reg. No. 01WE6161283
Qualified in Suffolk County
Commission Expires Feb 20, 2027

Field - Receipt Date Stamp

NYS Department of Labor
Apprentice Training
JUL 19 2024
Central Office
Department of Labor
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New York State Registered Apprenticeship Training Program Sponsor Information Sheet and Instructions

NYS Department of Labor Apprenticeship Training

JUL 19 2024

Central Office

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Section I

- A. Sponsor name: UNITED SERVICE WORKERS LOCAL 355 JATF
B. Trade(s): HEATING, VENTILATION AND AIR CONDITIONING MECHANIC
C. Type of Apprenticeship Training Program (check one): 1. [] Individual Non-Joint 2. [] Individual Joint 3. [] Group Non-Joint* 4. [X] 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: UNITED SERVICE WORKERS UNION, LOCAL 355, IUJAT
E. Entity completing this form (check one): [] Individual Employer/Sponsor [X] Union [] JAC/JATC [] Association [] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: 145 HUGUENOT STREET, SUITE 420 City/Town: NEW ROCHELLE State: NY Zip Code: 10801
G. Email [REDACTED] H. Phone: (718) 658-4848 Fax: (914) 455-1267
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? [] Yes [X] No
M. Type of Entity (check one and provide attachments as noted in the instructions): [] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [X] Other
N. How many years has your organization been in business? 60+year
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] 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 [X] No If 'Yes', provide attachments as noted in the instructions.

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2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... [] Yes [X] No
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** 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
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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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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 _____ Date 12/13/23

Print name and title: JONATHAN S. AMES, PRESIDENT

Sworn to me this: 13th day of December

[Signature]
Signature of Notary Public or Commissioner of Deeds

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 APR 03 2024
 NYS DEPARTMENT OF LABOR
 APPRENTICESHIP UNIT
 Field - Receipt Date Stamp

JAMES ANTHONY MCKELVEY
 NOTARY PUBLIC, STATE OF NEW YORK
 LIC # 01MC6186401
 QUALIFIED IN KINGS COUNTY
 MY COMMISSION EXPIRES 10/27/24

NYS Department of Labor
 Apprenticeship Training
 JUL 19 2024
 Central Office

JUL 19 2024

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NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

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

- Name of Sponsor: United Service Workers Local 355 JATF
- Mailing Address: 267 Knickerbocker Ave. Bohemia NY 11716 Suffolk
(number & street) (city) (state) (zip code) (county)
- Actual Address: 267 Knickerbocker Ave. Bohemia NY 11716 Suffolk
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (631) 589-5880 Ext. _____ Fax No.: (631) 589-5856
- E-mail Address: [REDACTED]
- Trade/Occupation: Heating, Ventilation and Air Conditioning Mechanic
- No. Employees: 62 No. Apprentices: 0 No. Journeyworkers: 45 8. Ratio: 1:1:1:3
- DOT Code: 637.267.014 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 Months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$30.46 per Hour 14. Effective Date of Wages: 07/10/2024
- 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:	12	24	36	48						
Wage rate; or, percentage of the journeyworker rate:	\$16.00	\$17.50	\$19.58	\$24.20						

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

17. Brian Keating
Signature of Official Sponsor Representative
Date: 07/10/2024
Brian Keating, Director of Training
Print Name and Title

18. [Signature]
Signature of Union Representative
Date: 07/10/2024
Jonathan S. Ames, President, USWU Local 355
Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor

Date



JUL 19 2024

Apprenticeship Training Program

Central Office

Related Instruction Availability

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Hicksville, L.I.

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Trade: Heating, Ventilation and Air Conditioning Mechanic

Sponsor Name: United Service Workers Local 355 JATF

Sponsor Representative: Mr. Brian Keating

NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT

Sponsor Address:

No. & Street: 267 Knickerbocker Avenue City: Bohemia

County: Suffolk State: NY Zip Code: 11716

Sponsor Telephone No.: 631-589-5880

Proposed Number of Apprentices: 0

AT Office

Name: NYS Dept of Labor

No. & Street: 303 W. Old Country Road

City: Hicksville State: NY Zip Code: 11801

Apprentice Training Representative: Monica Castaldo Date Prepared: 7/3/24

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

School

Name: United Service Workers Local 355 JATF (Training Center)

No. & Street: 267 Knickerbocker Avenue

City: Bohemia State: NY Zip Code: 11716

School Representative Contact Information:

Name: Brian Keating

Telephone No.: 631-589-5880

Email:

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Ms. Carolyn Reilly

No. & Street: Western Suffolk BOCES, 17 Westminster Avenue

City: Dix Hill State: NY Zip Code: 11746

Signature of DLEA Date Prepared: 7/11/24

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Sponsor Code: 01854

Trade Code: 56-458

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: United Service Workers Local 355 JATF

Located at: (Address) 267 Knickerbocker Ave, Bohemia, NY, 11716

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

In the occupation of: (List Trade) Heating, Ventilation and Air Conditioning Mechanic

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
Equivalent such as: GED or TASC

Minimum Age: 18 Minimum Education: _____

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

Applicants will sign an affidavit stating they are physically able to perform the work of a Heating, Ventilation and Air Conditioning Mechanic, which may include working an (8) hour day continually on their feet, lifting and carrying weights in excess of 75 pounds for extended periods, working through extended periods of extreme weather conditions and temperatures, working in restrictive or confined spaces.

(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: Working at heights of 20 feet or more on ladders, scaffolds, scissor lifts or boom lifts. Working in ditches or trenches up to six feet deep. Must be able to read, hear, and understand instructions and warnings.

Other: After selection and prior to employment all applicants must submit to and pass a substance abuse test at the sponsor's expense.

Other: Must have reliable transportation to and from various job sites and related instructions in and around Nassau and Suffolk Counties. One year of High School algebra required.

NYS Department of Labor
Apprentice Training

JUL 19 2024

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

Central Office:

Name: United Service Workers Local 355 JATF

Address: 267 Knickerbocker Avenue, Bohemia, NY, 11716

Days: Monday - Friday Times: 3PM - 7PM

Phone: (631) 589-5880 Email: [REDACTED]

Special Instructions:

All applications must be completed on site.

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

JUL 19 2024



Central Office

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Heating, Ventilation & Air Conditioning Mec
 Address: 267 Knickerbocker Avenue City: Bohemia State: NY Zip: 11716

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
Educational Achievement					
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	6			Total
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	2			
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Trade Related Adult or Continuing Education Course Completed	2			
<input type="checkbox"/>	Other: _____	2			
<input type="checkbox"/>	Other: _____				
Work Experience					
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Trade Related Work Experience	4			Total
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Active Military Experience	2			
<input type="checkbox"/>	Points for Each Year of General Work Experience	2			
<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	Other: _____				
Seniority					
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Employment with The Sponsoring Firm	2			Total
<input type="checkbox"/>	Other: _____	2			
<input type="checkbox"/>	Other: _____				
Job Aptitude					
<input type="checkbox"/>	Name of Aptitude Test: _____				Total
<input type="checkbox"/>	Administered by _____				
<input type="checkbox"/>	Other: _____				
Oral Interview: Not to Exceed 40% of Total Score					
<input checked="" type="checkbox"/>	<u>0-2</u> Ability to Communicate	8			Total
<input checked="" type="checkbox"/>	<u>0-2</u> Willingness to Accept Obligation of Apprenticeship	2			
<input checked="" type="checkbox"/>	<u>0-2</u> Ability to Reason and Comprehend	2			
<input checked="" type="checkbox"/>	<u>0-2</u> Interest and Motivation	2			
<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	Other: _____				

Total Allowable Points →

20	Total Score →	
----	---------------	--

Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: United Service Workers Local 355 JATF

Sponsor Address: 267 Knickerbocker Avenue, Bohemia, NY, 11716

JUL 19 2024

Central Office

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Department
of Labor

Sponsor Code 01854

Trade Code(s) 56-458

New York State Department of Labor Apprentice Training Program Affirmative Action Plan

New Program Amended Renewal

To be Administered by (Sponsor's Name): United Service Workers Local 355 JATF

Address: 267 Knickerbocker Avenue, Bohemia State: NY Zip: 11716

Plan is effective: From: 7/1/21 To: 6/30/26

**On behalf of the above-named sponsor,
I certify that it is our intent to fulfill this Affirmative Action Plan.**

Signature of Sponsor: *Lori Ames* Date: 6/25/24

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: Lori Ames

Title: Chairperson, United Service Workers Local 355, JATF

Do not write below this line.



Approved by: _____ Date: _____

NYS Department of Labor

Title: _____

JUL 19 2024



Central Office

**Part III Addendum
Current and Projected Staffing and Annual Goals**

Title of Trade Heating, Ventilation and Air Conditioning Mechanic

A. Current Staffing in the Above Trade

	Total	African American		Hispanic		Other Minority		Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers	[REDACTED]								
Registered Apprentices									

B. Projected Number of Apprentice Indentures*

Year	20	24	25	26	Totals
New Positions	[REDACTED]				
Vacancies from Turnover**					
Total Indentures					

C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:*

Year	20	24	25	26	Totals
African American	[REDACTED]				
Hispanic					
Other Minority					
Women					
Total Indentures					

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

* Where no apprentice indentures are planned for a particular group or year, enter "0".

** Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).