NEW YORK Department of Labor	****
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NYS Department of Labor Apprentice Training	
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NYSDOL Use Or	ily: Sponsor N	0	
□ New Program	$\ \square \ \text{Reactivation}$	☐ Revision	☐ Recertification

JUL 1 9 2024

New York State
Registered Apprenticeship Training Program

Central Office

Sponsor Information Sheet and Instructions

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Sect		
	Sponsor name: United Service Workers Local 355 JATF Trade(s): Heating, Ventilation and Air Conditioning Mechanic	
C.	Type of Apprenticeship Training Program (check one):	
Fc	1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint 4. \checkmark Group Joint (JAC/JATC)* or sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.	
D.	and the same of th	
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?	☐ No
М.	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	
Ο.	Within the past five (5) years, have you done business under a different name?	☑ 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?	☑ No
Secti Comp		
preded	the past five (5) years, has your organization, any substantially owned-affiliated entity,** any cessor company or entity, any owner of 10% or more of the entity's shares, any director, any any partner, or any proprietor been the subject of:	
1.		✓ No
2.	Any indictment or pending indictment for conduct constituting a crime under state or federal law? \square Yes	✓ No
3.	Any grant of immunity for conduct constituting a crime under state or federal law?	✓ 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 disapprocontract or subcontract for lack of respons	val by any governmental entity of any proposed ibility, or denial or revocation of pre-qualificatio	j n	
		a voluntary exclusion agreement?		✓ No
5.	Any federal, state, or municipal debarment	ts, including Workers' Compensation or Public	Work? ☐ Yes	☑ No
6.	federal law or regulation including, but not	ssible violation, or determination of a violation o limited to, investigations by the National Labor	Relations	
	Board (NLRB) or the United States Depart	ment of Labor (USDOL) Wage and Hour Divisi	on? ☐ Yes	☑ No
, 7 .	a. Any pending or open Occupational Sat	fety and Health Administration (OSHA) investig	ation?□ Yes	☑ No
8.	 Any pending or open investigation of a New York State law or regulation, any 	nal determination classified as serious, willful, on possible violation, or determination of a violation other state law or regulation, or any municipal linvestigations by the Bureau of Public Work, the	on of aw or	☑ No
		ivision of Labor Standards?		✓ No
	b. If 'Yes', was the violation determined to	be willful?	🗆 Yes	☑ No
9.	Any investigations, claims, or lawsuits before (EEOC), USDOL Office of Federal Contract	ore the US Equal Employment Opportunity Con ct Compliance Program (OFCCP), NYS Division	nmission n of	
	Human Rights, federal or state courts, or lo	ocal Civil Rights Commissions?	🗌 Yes	☑ No
10.	Any stipulations, settlement, consent order	r, or like agreement involving any state, municip	oal, or	
		ulatory) other than those covered above?		☑ No
	After completing Sections I and	II, you must sign Section III, and hav	ve it notarized.	
Secti	on III			
Depart serving	ment of Labor to review the background of	I submit this questionnaire to permit the New Y the applicant, sponsor, union, or signatory empowerning body at the time of new program applied appropriate by the Department.	lovers and associa	ition(s) am
I certi	·y:			
•	That the Department may use its sole of all statements made herein.	discretion to choose the means to determine the	he truth and accura	ісу
•	That intentional submission of false or under Penal Law (PL § 210.35), and r imprisonment of up to one year (PL §	r misleading information may constitute a Class may be punishable by a fine of up to \$1,000 (Pl 70.15(1)).	A misdemeanor § 80.05(1)) and/o	r
•	That the information submitted in this	questionnaire and any attachments is true, acc	urate, and complet	e.
particip applica nforma	ating in a Joint Apprenticeship Committee, tion request or program. Signing this docu ation) concerning the entity completing this		y affect the sponso rmation (including	r's UI
Signatu	ire of CEO, Chair, or representative grante	d legal authority to bind the Entity	Date	
Print na	ame and title: MICHAEL J. L	ORUSSO - PRESIDENT	T (STOCK H	be den
Sworn	to me this: 30 th day of October			
	NYSDOL Official Use Only	Signature of Notary Public of Com		
	Received Hicksville, L.I.		NYS Departmen Apprentice T	(William)
	APR 0.3 2024	LAURIE TALDONE	JUL 19	2024
NYS A	DEPARTMENT OF LABOR PPRENTICESHIP UNIT	NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01TA6438834 Qualified in Suffolk County My Commission Expires August 22, 2026	Central O	ffice
	I	i iviv ∪UIIIIIISSIDII #XDIYAS AHAHet 22 2026. I		

2 of 4

AT 9 (09/21)

	NEW YORK STATE OF OPPORTUNITY.	Department of Labor	
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NYSDOL Use Or	าly: Sponsor l	No	
□ New Program	☐ Reactivation	n 🗆 Revision	☐ Recertification

NYS Department of Labor Apprentice Training

New York State

JUL 1 9 2024

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.

Sect		
	Sponsor name: United Service Workers Local 355 JATF	
В.	Trade(s): Heating, Ventilation and Air Conditioning Mechanic	
C.	Type of Apprenticeship Training Program (check one):	
E.	1. ☐ Individual Non-Joint 2. ☐ Individual Joint 3. ☐ Group Non-Joint 4. ☑ Group Joint (JAC/JATC)	k
L.	or sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.	
E.	Name of entity completing this form: Eastern Industrial Services of NY Inc. Entity completing this form (check one):	
L.		
	☐ Individual Employer/Sponsor ☐ Union ☐ JAC/JATC ☐ Association	
-	Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body	
۲. ,	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?	☐ No
М.	Type of Entity (check one and provide attachments as noted in the instructions): Corporation Partnership Sole-Proprietor FILC FILE Other	
NI	 ✓ Corporation ✓ Partnership ✓ Sole-Proprietor ✓ LLC ✓ LLP ✓ Other How many years has your organization been in business? 	
		_
0.	Within the past five (5) years, have you done business under a different name?	✓ 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?	☑ No
	If 'Yes', provide attachments as noted in the instructions.	
Secti	ion II	
Comp	lete all questions, $(1 - 10)$, in this section and provide attachments as noted in the instructions.	
prede	the past five (5) years, has your organization, any substantially owned-affiliated entity,** any cessor company or entity, any owner of 10% or more of the entity's shares, any director, any , any partner, or any proprietor been the subject of:	
1.	Any conviction for a crime under state or federal law?	✓ No
2.	Any indictment or pending indictment for conduct constituting a crime under state or federal law? \Box	✓ No
3.	Any grant of immunity for conduct constituting a crime under state or federal law?	✓ No

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

4.	Any suspension, bid rej- contract or subcontract	ection, or disapproval by any governmental entity of any proposed for lack of responsibility, or denial or revocation of pre-qualification	
	for any bid in any state	or municipality, or a voluntary exclusion agreement?	☑ No
5.	Any federal, state, or m	unicipal debarments, including Workers' Compensation or Public Work? Yes	☑ No
6.	Any pending or open in federal law or regulation	vestigation of a possible violation, or determination of a violation of any n including, but not limited to, investigations by the National Labor Relations	
	Board (NLRB) or the Ur	nited States Department of Labor (USDOL) Wage and Hour Division?	✓ No
7.		n Occupational Safety and Health Administration (OSHA) investigation? Yes	Z No
	b. Any OSHA citation t	that resulted in a final determination classified as serious, willful, or repeat? Yes	Z No
8.	 a. Any pending or open New York State law regulation including, 	n investigation of a possible violation, or determination of a violation of or regulation, any other state law or regulation, or any municipal law or , but not limited to, investigations by the Bureau of Public Work, the	
		nd Health, or the Division of Labor Standards? 🗌 Yes	Ø No
	b. If 'Yes', was the viola	ation determined to be willful?	Z No
9.	(EEOC), USDOL Office	ns, or lawsuits before the US Equal Employment Opportunity Commission of Federal Contract Compliance Program (OFCCP), NYS Division of	
		or state courts, or local Civil Rights Commissions? Yes	☑ No
10.		nent, consent order, or like agreement involving any state, municipal, or	
	federal enforcement act	ion (judicial or regulatory) other than those covered above? Yes	Z No
	After completing	Sections I and II, you must sign Section III, and have it notarized.	
Sect	ion III		
Depa servir	rtment of Labor to review t ng as a member of the JA(ed, recognize that I submit this questionnaire to permit the New York State the background of the applicant, sponsor, union, or signatory employers and associally or other governing body at the time of new program application, during program of some deemed appropriate by the Department.	ation(s) _l ram
l cer	tify:		
	That the Department of all statements makes	nt may use its sole discretion to choose the means to determine the truth and accurate herein.	асу
	under Penal Law (F	pmission of false or misleading information may constitute a Class A misdemeanor $PL \ \S \ 210.35$), and may be punishable by a fine of up to \$1,000 ($PL \ \S \ 80.05(1)$) and/or to one year ($PL \ \S \ 70.15(1)$).	or
		n submitted in this questionnaire and any attachments is true, accurate, and comple	te.
applic	ipating in a Joint Apprentic ation request or program.	at any adverse information uncovered regarding any applicant, sponsor, signatory, of ceship Committee, or other sponsoring association, may adversely affect the sponsor Signing this document constitutes permission to release this information (including ity completing this form to the program sponsor.	or's
		m 7 10/26/2023	
		resentative granted legal authority to bind the Entity Date	
Print r	name and title: Chris Pryd	atko President	
	n to me this: 🔏 🗽 day d	of October 23 Patrichally	
[NYSDOL Official Use Only	Signature of Notary Public or Commesioner of Deed	s
į	Received	PATRICIA A WOLF	
	Hicksville, L.I.	NYS Department of Labor Apprentice Training Notary Public, State of New York Registration #01W06324942 Qualified In Suffolk County	
i !	THE SECTION OF THE SE		7
NYS	S DEPARTMENT OF LABOR	JUL 1 9 2024	
	APPRENTICESHIP UNIT		
i	riola - Necelpt Date Startip 1	Central Office	

NEW YORK STATE OF OPPORTUNITY.	Department of Labor	<u>-</u>
NYS Department of Lab	or	

NYSDOL Use Only:	Sponsor No	
□ New Program □ F	Reactivation 🛚 Revision	□ Recertification

JUL 1 9 2024

New York State Registered Apprenticeship Training Program

Central Office

Sponsor Information Sheet and Instructions

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

	tion I	
A.	Sponsor name: United Service Workers Local 355 JATF	
В.	Trade(s): Heating, Ventilation and Air Conditioning Mechanic	
	Type of Apprenticeship Training Program (check one): 1.□ Individual Non-Joint 2.□ Individual Joint 3.□ Group Non-Joint* 4.☑ Group Joint (JAC/JATC)	*
*F	or 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	
	Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body	
F.		
	City/Town: Ronkonkoma State: NY Zip Code: 11779	
G.	Email: H. Phone: (631) 467-8585 L. Fax: (631) 467-8684	
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?	□ 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? 20	
	Within the past five (5) years, have you done business under a different name?	✓ 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?	✓ No
	tion II plete all questions, $(1 - 10)$, in this section and provide attachments as noted in the instructions.	
	n the past five (5) years, has your organization, any substantially owned-affiliated entity,** any	
prede	cessor company or entity, any owner of 10% or more of the entity's shares, any director, any r, any partner, or any proprietor been the subject of:	
1.	·	✓ 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?	☑ No

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

contract or subcontract	for lack of responsibility, or de	povernmental entity of any proposed nial or revocation of pre-qualification	_	
			_	
	or municipality, or a voluntary	exclusion agreement?	∐ Yes	✓ No
Any federal, state, or m	nunicipal debarments, including	Workers' Compensation or Public W	ork? ☐ Yes	✓ No
federal law or regulation	n including, but not limited to, i	nvestigations by the National Labor R	elations	
Board (NLRB) or the U	nited States Department of Lab	oor (USDOL) Wage and Hour Division	ı? ☐ Yes	✓ No
 a. Any pending or ope 	en Occupational Safety and He	alth Administration (OSHA) investigat	ion?□ Yes	✓ No
 a. Any pending or ope New York State law 	en investigation of a possible vi / or regulation, any other state	olation, or determination of a violation law or regulation, or any municipal lay	of	☑ No
			🗌 Yes	✓ No
				✓ No
Any investigations, clair	ms, or lawsuits before the US E	Equal Employment Opportunity Comm	nission	
	•	• • •		✓ No
Any stipulations, settler	ment, consent order, or like agr	eement involving any state, municipa	l, or	☑ No
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fication – I, the undersign	ned, recognize that I submit thi	s questionnaire to permit the New Yo	rk State	
rtment of Labor to review	the background of the applica	nt, sponsor, union, or signatory emplo	yers and associa	ation(s)
			ition, during prog	ram
	ao otriorwide acomea appropri	ate by the Department.		
•				
of all statements n	nade herein.			acy
		Isnable by a fine of up to \$1,000 (PL	§ 80.05(1)) and/o	or
		ire and any attachments is true, acqui	rata and aamala	to
That the information	on submitted in this questionna	ire and any attachments is true, accur	rate, and comple	ie.
ipating in a Joint Apprent cation request or program	iceship Committee, or other sp . Signing this document const	onsoring association, may adversely itutes permission to release this inform	affect the sponso	or's
Ru	27	1 \	10/31/2023	
nture of CEO, Chair, or re	presentative granted legal auth	nority to bind the Entity	Date	
name and title: Ryan Sch	niavone			
n to me this: 31st day		Signature of Mater Bubbled Control	vicaionar of Dand	
NYSDOL Official Use Only	NYS Department of Labor Apprentice Training	Signature of Wolary Fublic of Confin	ssioner of Deed	
Received Hicksville, L.I.	JUL 1 9 2024	PEDRO A SOLORZANO NOTARY PUBLIC, STATE OF NEW YORK		
APR 0 8 2024	Central Office	No. 01SO6307407 Qualified in Suffolk County		
'S DEPARTMENT OF LABOR APPRENTICESHIP UNIT		My Commission expires October 18th 2026		
ti firmati ti	federal law or regulation Board (NLRB) or the Uran a. Any pending or open b. Any OSHA citation a. Any pending or open New York State law regulation including Division of Safety at b. If 'Yes', was the violent Any investigations, claid (EEOC), USDOL Office Human Rights, federal Any stipulations, settler federal enforcement act After completing from III fication – I, the undersignation, at recertification, or city: That the Department of all statements in the Information of all statements in the Information of the Information of the Information of Informat	federal law or regulation including, but not limited to, in Board (NLRB) or the United States Department of Lat a. Any pending or open Occupational Safety and He b. Any OSHA citation that resulted in a final determination and pending or open investigation of a possible vince New York State law or regulation, any other state regulation including, but not limited to, investigation Division of Safety and Health, or the Division of Labor Including, but not limited to be willful? Any investigations, claims, or lawsuits before the USE (EEOC), USDOL Office of Federal Contract Complian Human Rights, federal or state courts, or local Civil Ri Any stipulations, settlement, consent order, or like agrifederal enforcement action (judicial or regulatory) other after completing Sections I and II, you may federal enforcement action (judicial or regulatory) other as a member of the JAC/JATC or other governing botton, at recertification, or as otherwise deemed appropriation, at recertification, or as otherwise deemed appropriation, at recertification, or as otherwise deemed appropriation, at recertification and provided the provided Health Statements and the provided Health Statement of the provided Health Stateme	federal law or regulation including, but not limited to, investigations by the National Labor R Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division a. Any pending or open Occupational Safety and Health Administration (OSHA) investigat b. Any OSHA citation that resulted in a final determination classified as serious, willful, or a. Any pending or open investigation of a possible violation, or determination of a violation New York State law or regulation, any other state law or regulation, or my municipal lax 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? Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Comn (EECO), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions? Any stipulations, settlement, consent order, or like agreement involving any state, municipa federal enforcement action (judicial or regulatory) other than those covered above? After completing Sections I and II, you must sign Section III, and have ion III ication – I, the undersigned, recognize that I submit this questionnaire to permit the New You treent of Labor to review the background of the applicant, sponsor, union, or signatory emplog ga a member of the JACIJATC or other governing body at the time of new program applica tion, at recertification, or as otherwise deemed appropriate by the Department. That the Department may use its sole discretion to choose the means to determine the of all statements made herein. That the Department may use its sole discretion to choose the means to determine the of all statements made herein. That the information submitted in this questionnaire and any attachments is true, accu under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL imprisonment of up to one year (PL § 70.15(1)). That the information su	Division of Safety and Health, or the Division of Labor Standards?

W	E	A	R	E	Y	0	U	R	DO	L
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NYSDOL Use Only:	Sponsor No.		
☐ New Program ☐ F	Reactivation [☐ Revision	\square Recertification

NYS Department of Labor Apprentice Training

rentice Training New York State

JUL 1 9 2024

Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

Central Office

Form Appre	AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered enticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.					
	tion I					
A.	Sponsor name: United Service Workers Local 355 JATF					
В.						
C.	The state of the s	-				
	1. ☐ Individual Non-Joint 2. ☐ Individual Joint 3. ☐ Group Non-Joint* 4. ☑ Group Joint (JAC/JATC)*					
L.C	or sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.					
E.	Name of entity completing this form: United Service Workers Local 355 JATF					
⊏.	The state of the s					
	☐ Individual Employer/Sponsor ☐ Union ☑ JAC/JATC ☐ Association					
_	Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body					
F.		_				
_	City/Town: Bohemia State: NY Zip Code: 11716	_				
G.	Email H. Phone: (631) 589-5880					
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?	∃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					
Ο.	Within the past five (5) years, have you done business under a different name?	No 🏻				
P.	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	☑ No				
Secti						
	lete all questions, $(1 - 10)$, in this section and provide attachments as noted in the instructions.					
Within preded	n the past five (5) years, has your organization, any substantially owned-affiliated entity,** any cessor company or entity, any owner of 10% or more of the entity's shares, any director, any r, any partner, or any proprietor been the subject of:					
1.		☑ No				
2.		☑ No				
3.	Any grant of immunity for conduct constituting a crime under state or federal law?	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?	✓ No
5.	Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?	✓ 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?	✓ No
7.	a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation? \Box Yes	✓ No
8.	 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes 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 	∠ No
	Division of Safety and Health, or the Division of Labor Standards? 🗆 Yes	✓ No
	b. If 'Yes', was the violation determined to be willful?	☐ 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?	✓ 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?	☑ No
	After completing Sections I and II, you must sign Section III, and have it notarized	-
	tion III	
Cert i Depa servi	ification — I, the undersigned, recognize that I submit this questionnaire to permit the New York State artment of Labor to review the background of the applicant, sponsor, union, or signatory employers and associing as a member of the JAC/JATC or other governing body at the time of new program application, during progration, at recertification, or as otherwise deemed appropriate by the Department.	ation(s) gram
•	rtify:	
100	 That the Department may use its sole discretion to choose the means to determine the truth and accur of all statements made herein. 	асу
	 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/o imprisonment of up to one year (PL § 70.15(1)). 	or
	That the information submitted in this questionnaire and any attachments is true, accurate, and complete	ete.
partio appli	undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, cipating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the spons location request or program. Signing this document constitutes permission to release this information (including mation) concerning the entity completing this form to the program sponsor.	or's
03	Man Keating 11/02/2023	
Sign	ature of CEO,/Chair, or regresentative granted legal authority to bind the Entity Date	
Print	name and title: Brian Keating Director	
	rn to me this: 23 day of Languary 2004 Chirolian Weight	<u>X</u>
<u></u>	NYSDOL Official Use Only	ak
i ! !	OURISTIE H WEICHERT	
1	Notary Public, State of New York NYS Department Of New York Apprentice Training Apprentice Training	
•	Reg. No. 01VVE0101203	
c	commission expires 1 of 201 - 52	
į	Field - Receipt Date Stamp Central Office Central Office	
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NYSDOL Use On	ly: Sponsor N	0	
□ New Program	☐ Reactivation	☐ Revision	☐ Recertification

New York State

NYS Department of Labor Apprentice Training

Registered Apprenticeship Training Program

JUL 1 9 2024

Sponsor Information Sheet and Instructions

Central Office

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.

Appre	nuceship Training Program. Please read the instructions on pages 3 and 4 before completing this form.					
Sect						
	Sponsor name: UNITED SERVICE WORKERS LOCAL 355 JATF					
В.						
C.	Type of Apprenticeship Training Program (check one): 1. ☐ Individual Non-Joint 2. ☐ Individual Joint 3. ☐ Group Non-Joint* 4. ☑ Group Joint (JAC/JATC)	*				
*Fc	or 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					
	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: 145 HUGUENOT STREET, SUITE 420					
	City/Town: NEW ROCHELLE State: NY Zip Code: 10801					
G.	Email H_Phone: (718) 658-4848	_				
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?	☑ 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? 60+year					
Ο.	Within the past five (5) years, have you done business under a different name?	☑ 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?	☑ No				
	If 'Yes', provide attachments as noted in the instructions.					
Secti Comp	ion II lete all questions, (1 – 10), in this section and provide attachments as noted in the instructions.					
Within predecofficer	the past five (5) years, has your organization, any substantially owned-affiliated entity,** any cessor company or entity, any owner of 10% or more of the entity's shares, any director, any , any partner, or any proprietor been the subject of:					
1.	Any conviction for a crime under state or federal law?	☑ 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?	☑ 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?	☑ No
5.	Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?	☑ 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?	
7.	a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation? Yes	☑ No
8.	 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes 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 	☑ No
	regulation including, but not limited to, investigations by the Bureau of Public Work, the	(7)
	Division of Safety and Health, or the Division of Labor Standards?	☑ No
_	b. If 'Yes', was the violation determined to be willful?	
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	[7]
40	Human Rights, federal or state courts, or local Civil Rights Commissions?	☑ 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?	Z No
	After completing Sections I and II, you must sign Section III, and have it notarized.	
Secti	ion III	
Depart serving	ication – I, the undersigned, recognize that I submit this questionnaire to permit the New York State tment of Labor to review the background of the applicant, sponsor, union, or signatory employers and associage as a member of the JAC/JATC or other governing body at the time of new program application, during program, at recertification, or as otherwise deemed appropriate by the Department.	ation(s) ram
I certi		
,	 That the Department may use its sole discretion to choose the means to determine the truth and accura of all statements made herein. 	асу
•	 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/o imprisonment of up to one year (PL § 70.15(1)). 	or
•	 That the information submitted in this questionnaire and any attachments is true, accurate, and complete 	te.
particip applica	ndersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, of pating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor ation request or program. Signing this document constitutes permission to release this information (including ation) concerning the entity completing this form to the program sponsor.	or's
Signati	cure of CEO, Chair, or representative granted legal authority to bind the Entity Date	
rint n	ame and title: JONATHAN S. AMES, PRESIDENT	
Sworn	to me this: 13 th day of December Signature of Notary Public or Confimissioner of Deeds	
	NYSDOL Official Use Only	
	Received Hicksville, L.I. NYS Department of L. Apprentice Trainin NOTARY PUBLIC, STATE OF NEW YORK	g
	APR 0 8 2024 JUL 1 9 2024 QUALFED IN KINGS COUNTY	
NYS AF	DEPARTMENT OF LABOR PPRENTICES I I I PROBLEM IN COMMISSION EDITES 10/77/2Y Central Office Field - Receipt Date Stamp UNIT	

Received Hicksville, L.I.

NYS Department of Labor Apprentice Training

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NYS DEPARTMENT OF LABOR APPRENTICESHIP UNIT

Central Office

Apprentice Training Program Registration Agreement

	Revision											
	-	New P	New Program						State Use Only			
	Nature of Change	14001	logiani		**************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AT Sp	onsor No.			
								ATP C	Code			
		***************************************							ve Date Program			
•	1. Name of Spor	nsor: United	d Service W	orkers Loca	I 355 JATF			L	The same of the sa			
	2. Malling Addre		lckerbocke er & street)	er Ave. Bo	· · · · · · · · · · · · · · · · · · ·		NY (atata)	11716		Suffolk	· · · · · · · · · · · · · · · · · · ·	
	3. Actual Addres	`	,	er Ave Ro	(city)	N	(state)	11716	p code)	(county) Buffolk		
	o, notadi nagipe	(numbe	er & street)	21 / 140, <u>1</u> 00	(clty)		(state)		p code)	(county)		
	4. Telephone No	o.; <u>(</u> 631) 58	9-5880		Ext.		Fax No.: (6	331) 589-58	56	, , , ,		
	5. E-mall Addres	ss:										
	6, Trade/Occupa	1	ng, Ventilati	on and Alr C	Conditioning	Mechanic						
	7. No. Employee	s; 62	No. Appr	entices: 0	No	lourneywo	rkers: 45	8 1	Ratio: 1:1:	1:3	., ., ., ., ., ., ., ., ., ., ., ., ., .	
	9. DOT Code; 6											
			THE ACCUSE OF THE PARTY OF THE	Months		10, L	ength of Pro	ogram; <u>40</u>		_ months		
	11. Apprentice Pr											
	13. Minimum Jour	neyworker I	Rate: \$ <u>30.4</u>	6 per	Hour .	. 14. Ef	fective Date	of Wages:		07/10/2024		
	15. Apprentice wa	ge progress	sion for eacl	h period – in	months (M)	or hours (H)					
		1	2	3	4	5	6	7	8	9	10	
	Months (check):	M 🗹	M 🖸	M 🗹	ΜØ	м 🗆	МП	М	м 🗆	МП	М	
	Hours (check):	н	нП	н	н	н	н	н 🗆	н 🗆	н 🗆	Н	
No. Wage га	of Months/Hours: te: or, percentage	12	24	36	48				•		'' -	
of the jo	urneyworker rate:	\$16.00	\$17.50	\$19.58	\$24.20							
	40 Tt										f	
	16. The sponsor a	grees to cor	mply with th	e provisions	on this side	and on the	e reverse of	this agreen	nent.			
17. Brian Lealing 07/10/2024 187 11/1 07/10/2024												
	Signature of Official Sponsor Representative Date Signature of Union Representative Date											
	Brian Keating, Director of Training on that Names, President, USWU Local 355											
	Print Name and Title Print Name, Title, and Union Name											
	19.											
ΔΤ.	Si 10 (06/24)	ignature Ne	w York Stat	e Departme	nt of Labor					Date		

NYS Department of LA Apprentice Training

Sponsor Code 01854 Trade Code 56-458

JUL 1 9 2024

Apprenticeship Training Program

Central Office Related Instr	uction Availab	i lity Receive Hicksville	
Trade: Heating, Ventilation and Air Conditioning Mech	nanic	111 12	7024
Sponsor Name: United Service Workers Local 355 J	ATF	a mera de esta	IT OF LABOR
Sponsor Representative: Mr. Brian Keating		NYS DEPARTMEN APPRENTICES	SHIP UNIT
Sponsor Address:			
No. & Street: 267 Knickerbocker Avenue	City:	Bohemia	
County: Suffolk	State: NY	Zip Code: 11716	3
Sponsor Telephone No.: 631-589-5880	,		and the first section of the section
Proposed Number of Apprentices: 0			page to the second of the seco
AT Office			
Name: NYS Dept of Labor		· · · · · · · · · · · · · · · · · · ·	
No. & Street: 303 W. Old Country Road	-		· · · · · · · · · · · · · · · · · · ·
City: Hicksville	State: <u>NY</u>	Zip Code: 1180	
Apprentice Training Representative: Monica Cast	aldo	Date Prepared:	7/3/24
Name: United Service Workers Local 355 JATF (Trai No. & Street: 267 Knickerbocker Avenue City: Bohemia	ning Center) State: NY	Zip Code: 1171	6
School Representative Contact Information: Name: Brian Keating	State.	Zip Code	
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 Westmins	ster Avenue		
City: Dix Hill	State: NY	Zip Code: 117	746
Signature of DLE		Date Prepared: 1	\mathcal{M}



Sponsor Code: 01854

Trade Code: 56-458

www.labor.ny.gov

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: United Service Workers Local 355 JATF	
Located at: (Address) 267 Knickerbocker Ave, Bohemia, NY, 1	1716
Is presently accepting applications for Apprenticeship Training Positions: List In the occupation of: (List Trade) Heating, Ventilation and Air Conditioni	
If you are interested in taking advantage of this training opportunity and eligible to apply.	meet the following qualifications, you are
Minimum Qualifications High School Diplor Equivalent such as	
Minimum Age: 18 Minimum Education:	. GED 01 1AGC
Physical Condition: Be physically able to perform the work required as determ Applicants will sign an affidavit stating they are physically able to perform the work of a which may include working an (8) hour day continually on their feet, lifting and carrying working through extended periods of extreme weather conditions and temperatures, wo	Heating, Ventilation and Air Conditioning Mechanic, weights in excess of 75 pounds for extended periods,
(Note: Costs for medical examination, if required, are at the expense of the sp application fees charged to an applicant may not result in a profit for the spons	onsor. Additionally, any testing fees and permitted sor.)
Other: Working at heights of 20 feet or more on ladders, scaffolds, scis trenches up to six feet deep. Must be able to read, hear, and un	sor lifts or boom lifts. Working in ditches or derstand instructions and warnings.
Other: After selection and prior to employment all applicants substance abuse test at the sponsor's expense.	must submit to and pass a
Other: Must have reliable transportation to and from various job sites and related instru Counties. One year of High School algebra required.	octions in and around Nassau and Suffolk NYS Department of Labor Apprentice Training
	JUL 1 9 2024
Application forms may be obtained: From: TBD To Name: United Service Workers Local 355 JATF	: Central Office:
Address: 267 Knickerbocker Avenue, Bohemia, NY, 11716	
Days: Monday - Friday Times: 3PM	I - 7PM
Phone: (631) 589-5880 Email:	
Special Instructions: All applications must be completed on site.	
All Applications Must be (please check) ☑ Received ☐ Postmarked	No Later Than:

NYS Department of Labor Apprentice Training

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Sponsor Code <u>01854</u>
Trade Code(s) <u>56-458</u>

Central Office

Selection Standards and Evaluations

Name of Candidate:	Гrade: <u>Hea</u>	ting, Ventila	tion & Air C	onditionin	g Mec
Address: <u>267 Knickerbocker Avenue</u> City: <u>Bohe</u>	mia	St	ate: <u>NY</u> Z	<u>ip: 11716</u>	
Only those checked apply. Educational Achievement		Maximum Points	Number of Years	Score	
•	Total	Allowable 6	Credited	Š.	Total
Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities		2			
1 Points for Each Year of Related Technical Education Past Grade 12	_	2		-	-
or Equivalent as Recognized by Local Educational Authorities Points for Each Trade Related Adult or Continuing Education Course		2			_
Completed					-
Other:					
Work Experience	Total	4			7 Total
Points for Each Year of Trade Related Work Experience	70.01	2			- I Otal
Points for Each Year of Active Military Experience		2		 	┥ .
Points for Each Year of General Work Experience		<u> </u>	-		
Other :				<u> </u>	-
Seniority	Total	2			Total
Points for Each Year of Employment with The Sponsoring Firm		2			
Other:	ļ				
Job Aptitude	Total				Total
Name of Aptitude Test:					_
Administered by					-
Other:				3	
Oral Interview: Not to Exceed 40% of Total Score	Total	8			Total
Ability to Communicate		2			
✓ 0-2 Willingness to Accept Obligation of Apprenticeship		2			
✓ 0-2 Ability to Reason and Comprehend		2			\dashv
0-2 Interest and Motivation			THE PERSON		\dashv
Other:					\dashv
Other:					
Total Allowable Points	→	20	Total Score →		
		Rank _			
Evaluated by:					
(Name)					
Sponsor Name: United Service Workers Local 355 JATF		 -			
Sponsor Address: 267 Knickerbocker Avenue, Bohemia, NY, 11716					

NYS De ... ant of Labor Apprentice Training

JUL 1 9 2024

Central Office

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	Department of Labor	
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Sponsor Code 01854

Trade Code(s) 56-458

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

	✓ New Program	☐ Amended	Renewa	al		
To be Administered by (S	Sponsor's Name): <u>Unit</u>	ed Service Worke	rs Local 355	JATF		
Address: 267 Knickerb	ocker Avenue, Boher	nia	State:	NY	Zip: _	11716
Plan is effective: From: _	7/1/21 To: _	6/30/26			·	
Signature of Sponsor:	On behalf of ertify that it is our integration of the Joint Apprentices	e the employer's Chief I	irmative Acti	Date or the	:	6/25/24
	nam of the domit Apprentices	mp committee or their a	amonzea represi	entative	•	
Print Name: Lori Ames			·			
Title: Chairperson, Unit	ed Service Workers I	Local 355, JATF				
	Do not	write below this li	ne.			
***************************************		*****************			******	
Approved by:	NYS Dep	partment of Labor	D	ate: _	· · · · · · · · · · · · · · · · · · ·	
Title:						

NYS Department of Labor Apprentice Training

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Sponsor Code 01854

JUL 1 9 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

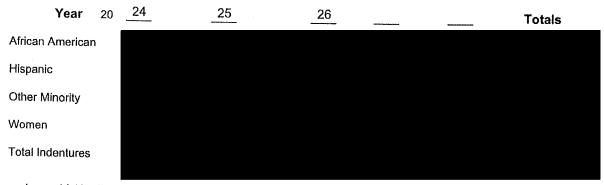
	Total	African American	Hispanic	Other Minority	Women
Active Journeyworkers					
Registered Apprentices					

B. Projected Number of Apprentice 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:*



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).