CONNECTICUT DEPARTMENT OF LABOR APPLICATION FOR APPRENTICESHIP RATIO RELIEF

*Ratio Relief applicants must advertise open journey person position(s) for 30 days on CThires.com prior to subcommittee review of application beginning January 1, 2018*

*Ratio Relief is intended to help when qualified Journey workers cannot be found*

GENERAL INFORMATION

1. Name of Firm/Sponsor ____________________________ Date of Application _________________
   dba Name, if any _______________________________________________
   Mailing Address ________________________________________________________ Zip Code ________
   Physical Location _______________________________________________________ Zip Code ________
   City _________________________ County/State ________________________________
   Trade ____________________ License Category ________________________________
   Email ________________________________ Phone # _____________________ Fax # ____________

2. Type of Firm (Check only one)    □   Corporation     □  Partnership     □  Proprietorship     □  Joint Venture      □ LLC

3. How many years has the Firm been in business? __________  Under the same name?  __________  Program Approval Date ______________

4. Number of previous requests for ratio relief within the past five years ______________________________________

5. Please answer the following questions & attach the proper documentation:
   □ yes    □ no  A. Is the Firm actively seeking Journey workers?  □ yes □ no    B. Is the Firm actively seeking Apprentices?
   □ yes □ no  C. Registered and posted job listing with CT Hires?  www.cthires.com  Job # _______________________
                  Please attach a copy of the CT Hires job listing. *THIS IS A REQUIREMENT*
   □ yes    □ no  D. Advertising for licensed position(s)?  Please attach all copies.

6. Within the past five years has the firm, any affiliate, (including any contractor of record), any predecessor company or entity, owner of 5.0% or more of the firm’s shares, director, officer, partner, or proprietor been subject of: (check any that apply and explain under sponsor remarks. It is imperative that a full explanation of the circumstances relating to a “yes” statement be submitted to ensure an objective evaluation by the Department. Attach additional pages if necessary).
   □ yes    □ no  A. A judgment or conviction of any business related conduct constituting a crime under state or federal law?
   □ yes    □ no  B. A currently pending indictment for any business-related conduct constituting a crime under state or federal law?
   □ yes    □ no  C. A grant of immunity for any business-related conduct constituting a crime under state or federal law or regulation?
   □ yes    □ no  D. Any final determination of a violation of any federal labor law or regulation?
   □ yes    □ no  E. Any OSHA violation that was categorized as willful, repeat, failure to abate, or was based on retaliating against an employee for filing a safety or health complaint.
   □ yes    □ no  F. Any final determination of a violation of any state labor law or regulation?
                  Public work violation?  □ yes □ no  Was this violation willful?  □ yes    □ no
   □ yes    □ no  G. A consent order with the Connecticut Department of Environmental Protection, or a federal or state enforcement determination involving a construction-related violation of federal or state environmental laws?
   □ yes    □ no  H. A debarment from federal contracts for violation of the Davis-Bacon Act, 49 Stat. 101(1931), 40 USC 278a-2?
   □ yes    □ no  I. A debarment from state contracts for violation of Connecticut’s prevailing wage law pursuant to Conn. Gen. Stat. Section 31-53a?
   □ yes    □ no  J. A debarment or suspension for violation of any other state prevailing wage law?
   □ yes    □ no  K. Rejection of any bid or proposed subcontract or general contract for lack of responsibility pursuant to state law?
   □ yes    □ no  L. Any final determination of a violation of any state occupational licensing statute or regulation?
   □ yes    □ no  M. A consent order entered into with the Connecticut Department of Consumer Protection or any other state or federal government agency?
   □ yes    □ no  N. Any pending enforcement proceeding by a federal, state or municipal agency regarding an alleged violation of the law?
   □ yes    □ no  O. Are all current apprentices attending related instruction (if required)?
SPONSOR _______________________________________________ TRADE ____________________________________________

CURRENT NUMBER OF JOURNEYPERSONS EMPLOYED __________________________________________________________

CURRENT NUMBER OF PRE-APPRENTICES REGISTERED __________________________________________________________

CURRENT NUMBER OF APPRENTICES REGISTERED ______________________________________________________________

CURRENT NUMBER OF APPRENTICES (STATUS)

<table>
<thead>
<tr>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
<th>YEAR 4</th>
<th>YEAR 5</th>
<th>YEAR 6</th>
</tr>
</thead>
</table>

NUMBER OF APPRENTICES RATIO RELIEF IS REQUESTED FOR? ____________________ TRADE __________________________________________

Is this request for a CT Technical High School graduate? □ yes □ no  
School Attended? ________________________________

Is this request for a pre-apprentice student? □ yes □ no  
Is this request for a U.S. Military Veteran? □ yes □ no

CUMULATIVE APPRENTICESHIP RECORD (based on previous five years)

Registered __________________  *Completed ________________

* Completed is defined as those individuals who have been awarded a certificate of completion per the Regulations of Connecticut State Agencies, Sec. 31-51d-2(h).

PRE-APPRENTICE STARTING (WAGE) RATE $ _______________

APPRENTICE STARTING (WAGE) RATE $ _______________  or  _______________%

JOURNEYPERSON COMPLETION (WAGE) RATE $ _______________

TOTAL NUMBER OF JOURNEYPERSONS TERMINATED IN THE PAST FIVE YEARS? ________________

TOTAL NUMBER OF JOURNEYPERSONS WHO VOLUNTARILY QUIT IN THE PAST FIVE YEARS? __________

TOTAL NUMBER OF APPRENTICES TERMINATED IN THE PAST FIVE YEARS? ____________________ PRE-APPRENTICES ________

TOTAL NUMBER OF APPRENTICES WHO VOLUNTARILY QUIT IN THE PAST FIVE YEARS? ________________ PRE-APPRENTICES ________

TERMINATION DATA (based on previous five years)

<table>
<thead>
<tr>
<th>TERMINATION CODES</th>
<th>NUMBER OF APPRENTICES TERMINATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discharged/Released</td>
<td>________________________________</td>
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<tr>
<td>2. Left to accept related employment</td>
<td>________________________________</td>
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<tr>
<td>3. Left to accept other employment</td>
<td>________________________________</td>
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<td>4. Unsatisfactory Performance</td>
<td>________________________________</td>
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<td>5. Lack of work</td>
<td>________________________________</td>
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<tr>
<td>6. Entered military service</td>
<td>________________________________</td>
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<td>7. Illness/death</td>
<td>________________________________</td>
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<tr>
<td>8. Voluntarily quit</td>
<td>________________________________</td>
</tr>
<tr>
<td>9. Probationary period – discharge/voluntary quit</td>
<td>________________________________</td>
</tr>
<tr>
<td>Total</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

SPONSOR REMARKS (Reason(s) for request, attach additional sheet if necessary):

__________________________________________________________
CERTIFICATION: The undersigned acknowledges that this questionnaire is submitted for the express purpose of inducing the Connecticut Labor Department to authorize the hiring of apprentices in a certain ratio to journeypersons under its state apprenticeship program pursuant to Section 31-51d-5(l) of the Regulations of Connecticut State Agencies. Applicant acknowledges that the Department may, in its discretion, determine the truth and accuracy of all statements made herein. Applicant further acknowledges that intentional submission of false or misleading information in this application may constitute reasonable cause for institution of a formal de-registration proceeding against applicant’s apprenticeship program pursuant to Section 31-51d-7 of the Regulations of Connecticut State Agencies. Applicant states and certifies under penalty of law (Conn. Gen. Stat. Section 53a-175 Class A Misdemeanor) that the information submitted in this questionnaire and any attached pages is true, to the best of his or her knowledge.

_________________________       __________________     ______________________________________
Signature of Officer                   Date                           Signature of Contractor of Record

_________________________     ______________________________________
Printed or Typed Name of Officer                           Title                           Printed or Typed Name of Contractor of Record

Please return to:
Connecticut Department of Labor
Office of Apprenticeship Training
200 Folly Brook Boulevard
Wethersfield, CT 06109

For Office Use Only
Date Received at OAT: __________   Reviewed & Verified by: __________
Date Received CO: __________     Initials: __________
CT DOL OAT Recommendation
☐ Approved     ☐ Denied    ☐ Partial     Approval for: __________
If Denied, explain _________________________________
Signature: _______________________________ Program Manager
☐ Approved     ☐ Partial Approval for: __________     ☐ Denied
Signature: _______________________________ Commissioner

The Connecticut Department of Labor