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>
</tr>
<tr>
<td>2. Left to accept related employment</td>
<td>________________________________</td>
</tr>
<tr>
<td>3. Left to accept other employment</td>
<td>________________________________</td>
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<tr>
<td>4. Unsatisfactory Performance</td>
<td>________________________________</td>
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<tr>
<td>5. Lack of work</td>
<td>________________________________</td>
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<tr>
<td>6. Entered military service</td>
<td>________________________________</td>
</tr>
<tr>
<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):

__________________________________________________________________________________________

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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                        Printed or Typed Name of Contractor of Record

___________________________________       ____________________     ______________________________________
Printed or Typed Name of Officer                                Date                      Signature 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