

CONNECTICUT DEPARTMENT OF LABOR APPLICATION FOR APPRENTICESHIP RATIO RELIEF

GENERAL INFORMATION

1. Name of Firm/Sponsor _____ Trade _____
 dba Name, if any _____
 Mailing Address _____ Zip _____
 Actual Location _____ Zip _____
 Phone Number _____ Fax Number _____
 City _____ County _____ State _____
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. 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 the 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.)
 - None of the following are applicable (5A through 5N)
 - yes no A. A judgement 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 276a-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)?
 - yes no P. Does firm have an active Job Order with the Department for Journeypersons?
 For Apprentices? yes no

SPONSOR _____ TRADE _____
 (One trade per application)

CURRENT NUMBER OF JOURNEYPEOPLE EMPLOYED _____

CURRENT NUMBER OF APPRENTICES REGISTERED _____

CURRENT NUMBER OF APPRENTICES (STATUS)

YEAR 1 _____ YEAR 2 _____ YEAR 3 _____ YEAR 4 _____ YEAR 5 _____ YEAR 6 _____

NUMBER OF APPRENTICES RATIO RELIEF IS REQUESTED FOR? _____ TRADE _____

CUMULATIVE APPRENTICESHIP RECORD (based on previous five years)

Registered _____ *Completed _____

*Completed is defined as those individuals who have been awarded a certificate of completion and are now considered Journeypeople per Conn. Gen. Stat. Section 31-51 A-E.

APPRENTICE STARTING (WAGE) RATE \$ _____ or _____ %

JOURNEYPEOPLE COMPLETION (WAGE) RATE \$ _____

TOTAL NUMBER OF JOURNEYPEOPLE TERMINATED IN THE PAST FIVE YEARS? _____

TOTAL NUMBER OF APPRENTICES TERMINATED IN THE PAST FIVE YEARS? _____

TERMINATION DATA (based on previous five years)

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

SPONSOR REMARKS (Reason 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 Dept. of Labor
 Office of Apprenticeship Training
 200 Folly Brook Boulevard
 Wethersfield, CT 06109

For Office Use Only

Date Received: _____ Reviewed & Verified by: _____

Date Received CO: _____ Initials: _____

Recommended: Yes No Initials: _____

SAC Subcommittee Recommendation

Yes No Partial Initials: _____

If no, explain _____

Yes No Partial Initials: _____

If no, explain _____

Approved Partial Approval for: _____ Denied

Signature: _____ Commissioner

The Connecticut Department of Labor