

State of Rhode Island and Providence Plantations
Department of Administration
Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number: 7550595A3
Solicitation Title: IMPROVEMENTS TO THE EMERGENCY POWER, PASTORE CENTER, REGAN BUILDING-DOA(1 PG)
Bid Proposal Submission Deadline Date & Time: 6/14/2016 1:30 PM
RIVIP Vendor ID #: 496
Bidder Name: Robert F. Audet, Inc.
Address: 2883 South County Trail
East Greenwich , RI 02818
USA
Telephone: (401) 884-3310
Fax: (401) 884-3316
Contact Name: John Miguel
Contact Title: Vice President
Contact Email: estimating@rfaudet.com

SECTION 2 - DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below

- N 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- N 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
- N 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.
- N 4. State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasi-public

corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state.

Disclosure details (continue on additional sheet if necessary):

Robert F. Audet, Inc.	Phone 401-884-3310	Electrical Licence - A-004713
2883 South County Trail		Contractors Registration - 32696
East Greenwich, RI 02818		

Offices	Names	Occupation	% Ownership
President	John Miguel	Owner	100%
Vice President	Stephen Landry	Project Manager	0%
Vice President	Ross Berhiaueme	Project Manager	0%
Treasurer/Secretary	Lynn Kent	Controller	0%

SECTION 3 - OWNERSHIP DISCLOSURE

Bidders must provide all relevant information. Bid proposals submitted without a complete response may be deemed nonresponsive.

If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder; otherwise, complete ownership disclosure is required.

List each officer, director, manager, stockholder, member, partner, or other owner or principle of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address, principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the bidder.

SECTION 4 - CERTIFICATIONS

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

- Y 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
- Y 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
- Y 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
- Y 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
- Y 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other

Solicitation #: 7550595

Solicitation Title: Improvements to the Emergency Power, Pastore Center,
Regan Building, DOA

BID FORM

To: The State of Rhode Island Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill, Providence, RI 02908-5855

Bidder: Robert F. Audet, Inc.
Legal name of entity
2883 South County Trail, East Greenwich, RI 02818
Address (street/city/state/zip)
Ray Patnaude rpatnaude@rfaudet.com
Contact name Contact email
1-401-884-3310 ext 19 1-401-886-4246
Contact telephone Contact fax

1. BASE BID PRICE

The Bidder submits this bid proposal to perform all of the work (including labor and materials) described in the solicitation for this Base Bid Price (*including the costs for all Allowances, Bonds, and Addenda*):

\$ 615,000.00

(base bid price *in figures* printed electronically, typed, or handwritten legibly in ink)

Six Thousand and Fifteenth Thousand Dollars

(base bid price *in words* printed electronically, typed, or handwritten legibly in ink)

• **Allowances**

The Base Bid Price ***includes*** the costs for the following Allowances:

No. 1: NA \$ NA

No. 2: NA \$ NA

Total Allowances: \$ NA

Solicitation #: 7550595

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Regan Building, DOA

- **Bonds**

The Base Bid Price ***includes*** the costs for all Bid and Payment and Performance Bonds required by the solicitation.

- **Addenda**

The Bidder has examined the entire solicitation (including the following Addenda), and the Base Bid Price ***includes*** the costs of any modifications required by the Addenda.

All Addenda must be acknowledged.

Addendum No. 1 dated: May 27, 2016

Addendum No. 2 dated: June 2, 2016

Addendum No. 3 dated: June 7, 2016

Addendum No. 4 dated: _____

2. **ALTERNATES** (*Additions/Subtractions* to Base Bid Price)

The Bidder offers to: (i) perform the work described in these Alternates as selected by the State in the order of priority specified below, based on the availability of funds and the best interest of the State; and (ii) increase or reduce the Base Bid Price by the amount set forth below for each Alternate selected.

Check "Add" or "Subtract."

____ Add ____ Subtract Alternate No. 1: NA

\$ _____
(amount *in figures* printed electronically, typed, or handwritten legibly in ink)

(amount *in words* printed electronically, typed, or handwritten legibly in ink)

Solicitation #: 7550595

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Regan Building, DOA

_____ Add _____ Subtract Alternate No. 2: NA

\$ _____
(amount *in figures* printed electronically, typed, or handwritten legibly in ink)

(amount *in words* printed electronically, typed, or handwritten legibly in ink)

3. UNIT PRICES

The Bidder submits these predetermined Unit Prices as the basis for any change orders approved in advance by the State. These Unit Prices include ***all*** costs, including labor, materials, services, regulatory compliance, overhead, and profit.

Unit Price No. 1: _____ \$ NA

Unit Price No. 2: _____ \$ NA

Unit Price No. 3: _____ \$ NA

4. CONTRACT TIME

The Bidder offers to perform the work in accordance with the timeline specified below:

- Start of construction: Upon award
- Substantial completion: December 30, 2016
- Final completion: _____

5. LIQUIDATED DAMAGES

The successful bidder awarded a contract pursuant to this solicitation shall be liable for

Solicitation #: 7550595

Solicitation Title: Improvements to the Emergency Power, Pastore Center,
Regan Building, DOA

and pay the State, as liquidated damages and not as a penalty, the following amount for each calendar day of delay beyond the date for substantial completion, as determined in the sole discretion of the State: \$ 0.00.

This bid proposal is irrevocable for 60 days from the bid proposal submission deadline.

If the Bidder is determined to be the successful bidder pursuant to this solicitation, the Bidder will promptly: (i) comply with each of the requirements of the Tentative Letter of Award; and (ii) commence and diligently pursue the work upon issuance and receipt of the purchase order from the State and authorization from the user agency.

The person signing below certifies that he or she has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

BIDDER

Date: June 14, 2016

Robert F. Audet, Inc.

Name of Bidder

Signature in ink

John Miguel

Printed name and title of person signing on behalf of Bidder

32696 Electrical Lis # AC004713

Bidder's Contractor Registration Number

THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

Bid Bond

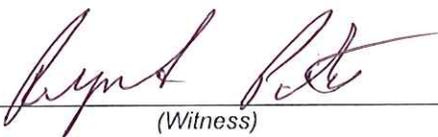
KNOW ALL MEN BY THESE PRESENTS, that we **ROBERT F. AUDET, INC.**, of 2883 South County Trail, East Greenwich, Rhode Island as Principal, hereinafter called the Principal, and **HARTFORD CASUALTY INSURANCE COMPANY** a corporation duly organized under the laws of the State of Indiana as Surety, hereinafter called the Surety, are held and firmly bound unto **STATE OF RHODE ISLAND**

as Obligee, hereinafter called the Obligee, in the sum of **Five Percent of the Amount of the Attached Bid** Dollars (5% of Bid), for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for **Improvements to the Emergency Power, Pastore Center, Regan Building, DOA**

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 14th day of June, 2016.

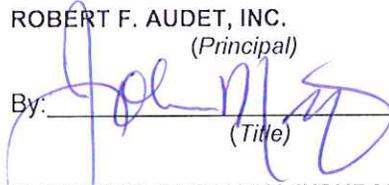


(Witness)



(Witness)

ROBERT F. AUDET, INC.
(Principal) (Seal)

By: 

(Title)

HARTFORD CASUALTY INSURANCE COMPANY
(Surety) (Seal)

By: 
Denise A. Chianese, (Title) Attorney-in-Fact

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD
Bond T-4

One Hartford Plaza
Hartford, Connecticut 06155
call: 888-266-3488 or fax: 860-757-5835

Agency Code: 08 089016

KNOW ALL PERSONS BY THESE PRESENTS THAT:

- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of UNLIMITED** :

FRED R. TRIPP, ANDREW FOTOPULOS, DAVID J. BYRNE III, CHARLES A BYRNE,
DENISE A. CHIANESE OF EAST PROVIDENCE, RHODE ISLAND

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on August 1, 2009, the Companies have caused these presents to be signed by its Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Wesley W. Cowling

Wesley W. Cowling, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Vice President

STATE OF CONNECTICUT }
COUNTY OF HARTFORD } ss. Hartford

On this 12th day of July, 2012, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard

Kathleen T. Maynard
Notary Public

My Commission Expires July 31, 2016

I, the undersigned, Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of June 14, 2016
Signed and sealed at the City of Hartford.



Gary W. Stumper

Gary W. Stumper, Vice President



STATE OF RHODE ISLAND
FORM W-9 PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

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05	0450812
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NAME Robert F. Audet, Inc.

ADDRESS 2883 South County Trail

CITY, STATE AND ZIP CODE East Greenwich, RI 02818

PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE

ADDRESS

CITY, STATE AND ZIP CODE

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because either: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. citizen or other U.S. person (as defined by the IRS).

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item (2) does not apply.

Please sign here and provide title, date and telephone number:

SIGNATURE *[Signature]* TITLE President DATE 02/03/2016 TEL NO 401-884-3310
Original Signature Required (Digital Signature Not Acceptable)

BUSINESS DESIGNATION:

Please Check One: Individual Corporation Trust/Estate Government/Nonprofit Corporation
Partnership Medical Services Corporation Legal Services Corporation
LLC Tax Classification: Single Member (Individual) Partnership Corporation

TIPS:

NAME: Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided.

ADDRESS, CITY, STATE AND ZIP CODE: If you operate a business at more than one location, adhere to the following:

- 1) Same EIN with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different EIN for each different location -- submit a completed W-9 form for each EIN and location. (One year-end tax information return will be reported for each EIN and remittance address.)

Mall Completed Form To:
Supplier Coordinator
Purchasing Department
One Capitol Hill, 2nd Floor
Providence RI 02908

Or Email To: doa.pursuppliercoordinator@purchasing.ri.gov

For State Use Only:	
IRS _____	RI SOS _____ FED _____ Other _____
RI Supplier # _____	Approved _____
Date Entered _____	Entered By _____



**RI Department of Labor and Training
Workforce Regulation and Safety Division
Professional Regulation - Prevailing Wage**

General Contractor Apprenticeship Certification Form

This form **MUST** be completed and submitted at the time of bidding and is available on the Department of Labor and Training's Website at www.dlt.rli.gov, under Workforce Regulation and Safety, Prevailing Wage, Publications and Forms.

Bid/RFP Number: 7550559

Bid/RFP Title: Improvements to the Emergency Power, Pastore Center, Regan Building -DOA 496

RIVIP Vendor ID#: _____

Vendor Name: Robert F. Audet, Inc.

Address: 2883 South County Trail East Greenwich, RI 02818

Telephone: 401-884-3310

Fax: 401-884-3316

E-Mail: lkent@rfaudet.com

Contact Person and Title: Lynn Kent, Controller

Robert F. Audet, Inc. (Company Name & Address) (hereafter "bidder") hereby certifies that bidder meets the general contractor apprenticeship requirements of R. I. Gen. Laws § 37-13-3.1 because bidder meets one of the following qualifications (check):

- A. Bidder sponsors a current and duly approved Rhode Island Department of Labor and Training Apprenticeship Program and currently employs at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing on the contract (attach apprenticeship program standards and apprenticeship agreement);
- B. Bidder sponsors a current and duly registered Rhode Island Department of Labor and Training reciprocal apprenticeship program pursuant to R. I. Gen. Laws § 28-45-16 and currently employs at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing work on the contract (attach apprenticeship program standards, apprenticeship agreement and Rhode Island Department of Labor and Training Reciprocal Apprenticeship Program Approval);

- C. _____ Bidder has entered into a current collective bargaining agreement with a duly approved Rhode Island Department of Labor and Training Apprenticeship Program sponsor and, pursuant to the terms of the collective bargaining agreement, will employ at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing work on the contract (attach relevant section of collective bargaining agreement and signature page);
- D. _____ Bidder has entered into a current labor agreement with a duly approved Rhode Island Department of Labor and Training Apprenticeship Program sponsor and, pursuant to the terms of the labor agreement, will employ at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing work on the contract (attach relevant section of labor agreement and signature page);
- E. _____ Bidder will not perform work on the awarded contract except through subcontractors (non performance);
- F. _____ Bidder has received approval from the Rhode Island Department of Labor and Training that it satisfies the general contractor requirements of R. I. Gen. Laws §37-13-3.1 for purposes of a particular bid (attach Rhode Island Department of Labor and Training correspondence).

John Miguel, President
Printed Name and Title of Authorized Representative

June 14, 2016
Date


Signature of Authorized Representative

State of Rhode Island and Providence Plantations
Rhode Island Department of Labor and Training

ELECTRICAL CORP AC004713
A-004713 B-010707
ROBERT F AUDET, INC

ROSS E BERTHIAUME
2883 SOUTH COUNTY TRAIL
EAST GREENWICH RI 02818



JOHN SHAW
Administrator

09/30/2017
Expiration Date

**PHOTO I.D. REQUIRED
WITH THIS LICENSE**

A handwritten signature in blue ink, appearing to read "John Shaw".

Not valid without signature.

If found, please return to:
DLT, 1511 Pontiac Avenue, Cranston, RI 02920-0943
Ph: (401) 462-8580 www.dlt.ri.gov/profregs



STATE OF RHODE ISLAND

CONTRACTORS' REGISTRATION
AND LICENSING BOARD

REGISTRATION NO.

EXP. DATE

32696

05/1/17

REGISTRANT'S NAME

ROBERT F. RUDET, INC.

AUTHORIZED REPRESENTATIVE

JOHN HIGUEL

DRIVER'S LICENSE #

RI 761B201

EXECUTIVE DIRECTOR

Joseph A. Malin

[Handwritten Signature]

Signature of Registrant

If found please return card to
Department of Administration

R.I. Board of Professional Regulation

R.I. Contract and Licensing Board

400 South Main Street

Providence, R.I. 02903-5899

This card is issued only to the named registrant and may not be transferred or used by another person.
This card must be carried by the registrant and presented to the Board of Professional Regulation
upon processing in R.I. pursuant to the provisions of R.I. General Law 5-55, et. seq.

39028

PROVIDENCE R.I.



STANDARDS OF APPRENTICESHIP

For the Trade(s)	Term(s)
<i>Electrician</i>	<i>8000 Hours</i>

FORMULATED
BY

Robert F. Audet, Inc.
TRAINING PROGRAM SPONSOR
2883 South County Trail, East Greenwich, RI 02818
ADDRESS

WITH THE ASSISTANCE
of the
State of Rhode Island
Apprenticeship Council

Department of Labor
220 Elmwood Avenue
Providence, Rhode Island 02907

FOREWORD

It has been recognized by this sponsor that to train skilled mechanics there must be a well developed plan of work experience supplemented with related instruction. This recognition has resulted in the development of this Apprenticeship Program in accordance with the Standards of Apprenticeship as recommended by the Rhode Island State Apprenticeship Council Department of Labor.

It is the desire of this sponsor to cooperate with the Rhode Island State Apprenticeship Council in the training of apprentices and to assure said apprentices that if they will diligently apply themselves to the learning of a trade, they will be afforded an opportunity to become a skilled craftsworker.

DEFINITIONS

"APPRENTICE" shall mean a person who has agreed, and signed an apprentice agreement, with the employer to acquire the trade as outlined in these Standards.

"EMPLOYER" shall mean Training Program Sponsor as identified on page 1 (Cover Sheet).

"APPROVING AGENCY" shall mean State of Rhode Island Apprenticeship Council, Department of Labor.

"SUPERVISOR OF APPRENTICES" shall mean the person designated to perform the duties as outlined in these Standards.

"APPRENTICESHIP AGREEMENT" shall mean a written agreement between the employer and the person employed as an apprentice, which agreement shall be signed by the employer and the apprentice, and if the apprentice is a minor, by the parent or guardian. Every agreement shall be approved by and filed with the Rhode Island Apprenticeship Council Department of Labor.

"PARTIES TO THE APPRENTICE AGREEMENT" shall mean the apprentice and the parent or guardian, if the apprentice is a minor, and a duly authorized representative of the company, each of whom shall sign the agreement.

"STANDARDS OF APPRENTICESHIP" shall mean this entire document, including these definitions.

SECTION I. TERM OF APPRENTICESHIP

The term of apprenticeship in the Designated Trade shall be as noted on Page 1 (Cover Sheet) of these Standards, each year of which shall consist of 2000 hours of work experience and approximately 144 hours of instruction in related subjects.

SECTION II. PROBATIONARY PERIOD

The first 1000 hours or six months of employment for the apprentice, shall be a probationary period. During this probationary period the agreement may be cancelled by either party to the agreement by notifying the other. The Approving Agency shall be notified of all such cancellations.

In the event either party desires to cancel the agreement after the probationary period, the approving Agency shall be notified with the reasons therefore and requested to cancel the agreement.

SECTION III. CREDIT FOR PREVIOUS EXPERIENCE

Applicants who have previous training in the trade may receive such credit as the employer decides after checking the records of such training. Apprentices granted credit shall receive the wage of the period to which the credit advances them.

SECTION IV. CONTINUOUS EMPLOYMENT

The employer intends and expects to give the apprentice continuous employment and will use its best efforts to keep the apprentice employed during the full term of apprenticeship.

If any apprentice is temporarily released due to business conditions, that apprentice shall be given the opportunity to be reinstated before any additional apprentice is employed in the same trade.

SECTION V. SUPERVISION OF APPRENTICES

The Apprentice shall be under the general supervision of the journeyperson with whom the apprentice will work, and the direct supervision of the Employer or Master Supervisor whose duty it shall be to see that the Apprentice receives the work experience outlined in these Standards.

SECTION VI. PERIODIC EXAMINATION

The apprentice shall be given an examination before each period of advancement by his supervisor to determine his progress.

SECTION VII. RATIO OF APPRENTICES

The number of Apprentices to be employed shall not exceed one apprentice for every five journeyperson regularly employed, or fraction thereof, except that the number of apprentices may be changed as agreed to between the employer and the Approving Agency, as per the Regulations for Apprenticeship Programs.

SECTION VIII. APPRENTICE AGREEMENT

Each apprentice, and if a minor, the parent or guardian, shall sign an apprentice agreement on the form attached to and made part of these Standards. The agreement shall also be signed by the employer and approved by and filed with the Approving Agency. All parties to the agreement shall receive an approved copy of the agreement. Each applicant will be given a copy of these Standards and an opportunity to read them before signing the apprentice agreement.

SECTION IX. APPRENTICE QUALIFICATIONS

To be considered for apprentice training each applicant must meet the following requirements:

Age: Not under 16 years of age.

Physical: Physically capable of performing the work of the trade.

Education: A graduate of a HIGH .. school or its equivalent.

Selection: The recruitment, selection, employment, and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, or sex. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required by existing State and Federal regulations and statutes.

SECTION X. HOURS OF WORK

Apprentices shall work the same hours and be subject to the same conditions regarding over-time as govern journeyperson in the trade, employed by the company. Overtime hours worked will be credited toward completion of apprenticeship for the actual hours worked.

SECTION XI. WAGES

Apprentices shall be paid not less than the following rates per hour:

PERIOD-(Months, Hours, Years)	$\frac{8}{(No.)}$	$\frac{1000}{(Period)}$
1st 6mo. 5.0%	5th 7.0%
.....
2nd 5.5%	9th 13th
.....
3rd 6.0%	6th 7.5%
.....
4th 6.5%	10th 14th
.....
.....	7th 8.5%
.....
.....	11th 15th
.....
.....	8th 9.0%
.....
.....	12th 16th
.....
Journeyman's wage rate as of <u>1-1993</u> is <u>13.00</u> per hr. (wk.)		

SECTION XII. SCHEDULE OF WORK PROCESSES

The apprentice shall receive instruction and work experience in all branches of the trade as listed in the Work Processes attached hereto. The work experiences need not be in the precise order as listed, nor do the scheduled hours on any operation need be continuous, to permit the flexibility necessary to the normal shop production schedule.

SECTION XIII. RELATED INSTRUCTION

The apprentice shall be required to attend classes in related trade subjects for approximately 144 hours per year, each year of the term of apprenticeship. The recommended subjects are on the attached list.

SECTION XIV. RECORDS

Records of the apprentice's work experience and related class instruction shall be kept by the employer. The apprentice shall submit weekly reports to the employer, showing work completed and classes attended, and those shall be noted upon Master Record Cards under control of the employer.

SECTION XV. REGISTRATION OF PROGRAM

These Standards shall be submitted to the Rhode Island Apprenticeship Council Department of Labor for approval and will become effective upon the date of approval.

SECTION XVI. CERTIFICATE OF COMPLETION

Upon satisfactory completion of the term of apprenticeship, the employer shall recommend to the Approval Agency that a State Certificate of Completion be awarded.

SECTION XVII. CHANGES IN STANDARDS

These Standards of Apprenticeship may at any time be amended by the employer provided such amendments are approved by the Rhode Island Apprenticeship Council Department of Labor. A copy of all such changes shall be furnished each apprentice.

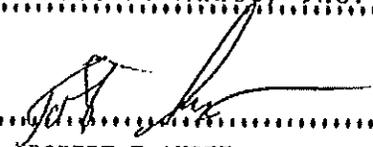
SECTION XVIII. GENERAL PROVISIONS

Every apprenticeship agreement entered into under these Standards of Apprenticeship shall contain a clause making the Standards a part of the agreement with the same effect as if expressly written therein. For this reason, every applicant (and the parent or guardian, if the applicant is a minor) shall be given a copy of the Standards of Apprenticeship and an opportunity to read them before any signature is affixed thereto.

APPROVED BY:

APPROVED AND ACCEPTED

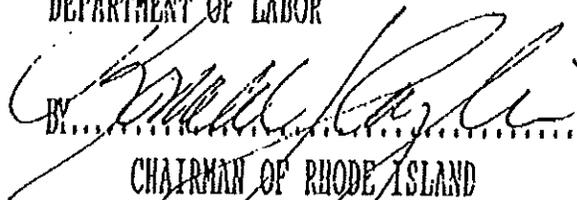
Robert F. Audet, Inc.

BY 
ROBERT F. AUDET

TITLE, *President*

DATE, *1/14/93*

APPROVED BY AND FILED WITH
RHODE ISLAND APPRENTICESHIP COUNCIL
DEPARTMENT OF LABOR

BY 
CHAIRMAN OF RHODE ISLAND
STATE APPRENTICESHIP COUNCIL

DATE, *1/19/93*



State of Rhode Island

Apprenticeship Council

Department of Labor

220 Elmwood Avenue
Providence, Rhode Island 02907

INFORMATIONAL DATA

1. Name of Company Robert F. Audet, Inc.
2. Address 2883 South County Trail, East Greenwich, RI 02818
(Street) (city) (zip code) (phone)
3. Present number of Employees 12
4. Products made or services rendered Electrician
5. Trade/s in which training is to be given Electrician
6. Term of Apprenticeship 8000 hours
7. No. of skilled mechanics (Journeyworkers) now employed in the trade 9
8. Potential number of apprentices 2
9. Wage rate of skilled mechanics: Per hour \$13.00 Per week \$520.00
10. Approximate starting rate to be paid apprentices:
Per hour \$6.50 Per week \$260.00 Premium rate 1½
11. Hours of work: Per day 8 Per week 40
12. Rate to be paid upon Completion of Apprenticeship \$13.00
13. Do you have a bargaining agreement with your employees? N/A
If so, give name and number of employee organization _____
14. Have you Veterans now employed who desire Apprenticeship? N/A
15. Have you adequate equipment and type of work and personnel to train in all the required skills of the trade? Yes
16. Apprentices shall be required to attend classes of related instruction for approximately 150 hours each year of apprenticeship.
17. Related instruction will take place R.I. Construction Academy

Apprentice Qualification: AGE 18

EDUCATION 12

Supervisor of Apprentices: Robert Audet

LICENSE#: B-4623

WAGE SCHEDULE

PERIODS- (Months, Hours, Years) 8 1000hr.
(No.) (Period)

1st <u>6mo.</u>	<u>50%</u>	5th <u>6mo.</u>	<u>70%</u>	9th _____	13th _____
2nd <u>6mo.</u>	<u>55%</u>	6th <u>6mo.</u>	<u>75%</u>	10th _____	14th _____
3rd <u>6mo.</u>	<u>60%</u>	7th <u>6mo.</u>	<u>85%</u>	11th _____	15th _____
4th <u>6mo.</u>	<u>65%</u>	8th <u>6mo.</u>	<u>90%</u>	12th _____	16th _____

Minimum journey person's wage rate as of 1-19-93 is 13.00 Per Hour

is _____

Normal Work Week 40 Hours, Premium Rates 1 1/2

(IF UNION IS INVOLVED)

FOR THE UNION

Union N/A

By _____

Title _____

Date _____

Approved for: 2 Apprentice(s)

Term 8000 4
(Hours) (Years)

Howard T. Carney
(Field Representative)

FOR THE COMPANY

Company Robert F. Audet, Inc.

By Robert F. Audet

Title President

Date 1/6/93

Date 1/19/93

[Signature]
Department of Labor
APPRENTICESHIP COUNCIL
220 Elmwood Avenue
Providence, R.I. 02907