

# District Council #4 IUPAT

## General things to know as a new member

- The cost of becoming a journeyperson member is \$100 plus dues if your local is collecting any upfront dues. This cost is payable to your local union within 45 days of filling out an application. Make Checks payable to your local union.
- Please call your local Business Rep if you are laid off, so that they can get you back to work as soon as possible.
- Stay current on your dues to avoid a suspension fee of \$50. If you receive a notice that your dues are behind, please get caught up as soon as possible. Dues can be paid online at [www.DC4.com](http://www.DC4.com).
- Attend as many upgrading classes as possible and participate in the STAR program. Call the Training Department or check on [www.DC4.com](http://www.DC4.com) for more info on upcoming classes.

## D.C. #4 LOCAL MEETING NIGHTS

LOCAL	DUES	MEETING LOCATIONS	MONTHLY MEETING NIGHTS	CITY/TOWN	REGIONAL BUSINESS REPRESENTATIVE
#31	\$39	615 West Genesee Street Syracuse, New York	1st Monday @ 5:00pm	Syracuse	Syracuse/Oswego/Watertown (Painters & Drywall)  Dan LaFrance (315) 396-3301
#38	\$42	216 Cayuga Street Fulton, New York	4th Tuesday @ 7:00pm	Oswego	
#43	\$39	585 Aero Drive Cheektowaga, New York	2nd Thursday @ 6:00pm	Cheektowaga	Buffalo/Niagara Falls/ Jamestown/Olean (Bridge Painters, Painters & Drywall)  Dominic Zirilli (716) 393-7915
#112	\$37	585 Aero Drive Cheektowaga, New York	2nd Monday @ 6:00pm	Cheektowaga	
#150	\$39	6605 Pittsford Palmyra Road Suite E6 Fairport, New York	2nd Wednesday @ 4:30pm	Rochester	Rochester (Painters & Drywall) David Chaffee (585) 413-8699
#178	\$40	701 West State Street Ithaca, New York	1st Tuesday @ 5:00pm	Ithaca	Ithaca/Elmira/Binghamton (Painter & Drywall) Dan Jackson (315) 744-5280
#660	\$37	585 Aero Drive Cheektowaga, New York	2nd Friday @ 6:30pm	Cheektowaga	Buffalo/Niagara Falls/ Jamestown/Olean (Glaziers) Brian Lipczynski (716) 429-7489
#660 (ROCH)	\$39	6605 Pittsford Palmyra Road Suite E6 Fairport, New York	1st Monday @ 5:00pm	Rochester	Rochester/Syracuse/Binghamton (Glaziers) Joe Comfort (585) 727-6228
#677 (SYRA)	\$39	615 West Genesee Street Syracuse, New York	1st Wednesday @ 5:00pm	Syracuse	
#677 (BING)	\$39	American Legion Post 76 Main Street Syracuse, NY	3rd Thursday @ 5:00pm	Binghamton	



# District Council #4



Michael Hogan  
Business Manager Secretary Treasure

## Departments

Servicing	Organizing	Office Staff	Training	Trust Funds
<b>Director</b> Brian Lipczynski #660	<b>Director</b> Frank Stento	<b>Fin. Secretary</b> Heather Lewandowski	<b>Director</b> Marc Braunstein	<b>Manager</b> Sue Bernat
<b>Business Reps</b> Joe Comfort #677	<b>Organizers</b> Guy Falsetti	<b>Admin</b>	<b>Coordinators</b> Bob Brueckman (WNY)	<b>Benefits Admins</b> Velitchka Kireva
David Chaffee #150	Wesley Schlossin	Judy Salansky	Josh Osterhout (CNY)	Wendy Styn
Dominic Zirilli #43/#112	Don Meyers	<b>Dues Admin</b>	<b>Staff</b>	Victoria Antonicelli
Dan LaFrance #31/#38	Joe Guza	Shannon Albano	Kathy Velie	Nancy Haddad
Dan Jackson #11/#178			Hillary Laud	

# District Council #4 Contact Info

[WWW.DC4.ORG](http://WWW.DC4.ORG)

## District Council #4 Headquarters

716-565-0303

[jsalansky@dc4.org](mailto:jsalansky@dc4.org)

## District Council #4 Apprenticeship and Training Office

716-565-0112

[kvelie@dc4.org](mailto:kvelie@dc4.org)

## Trust Funds Office

716-565-0234

[wstyn@dc4.org](mailto:wstyn@dc4.org)

## Business Representatives

### Brian Lipczynski

Director of Servicing/Buffalo Area Glazier Rep.

716-429-7489

[blipczynski@dc4.org](mailto:blipczynski@dc4.org)

### Dominic Zirilli

Buffalo Area Painter/Taper Rep.

716-393-7915

[dzirilli@dc4.org](mailto:dzirilli@dc4.org)

### Dan Jackson

Ithaca, Elmira, Binghamton Area Painter/Taper Rep.

315-744-5280

[djackson@dc4.org](mailto:djackson@dc4.org)

### David Chaffee

Rochester Area Painter/Taper Rep.

585-413-8699

[dchaffee@dc4.org](mailto:dchaffee@dc4.org)

### Dan Lafrance

Oswego, Watertown Area Painter/Taper Rep.

315-396-3301

[dlafrance@dc4.org](mailto:dlafrance@dc4.org)

### Joe Comfort

Rochester, Syracuse, Binghamton Area Glazier Rep.

585-7276228

[jcomfort@dc4.org](mailto:jcomfort@dc4.org)

## Business Development

### Frank Stento

Director of Organizing

607-727-5208

[fstento@dc4.org](mailto:fstento@dc4.org)

### Wes Schlossin

Organizer

716-989-1685

[wschlossin@dc4.org](mailto:wschlossin@dc4.org)

### Don Meyers

Organizer

607-240-8404

[dmeyers@dc4.org](mailto:dmeyers@dc4.org)

### Guy Falsetti

Organizer

716-580-2626

[gfalsetti@dc4.org](mailto:gfalsetti@dc4.org)

### Joe Guza

Organizer

716-458-5844

[jguza@dc4.org](mailto:jguza@dc4.org)

**Contributions Being Entered:** Contractors have 45 days “after a month end” to send in a remittance report for work performed. When contractors send in monthly reports, it may not reflect the most current work performed (i.e.: remittances for work performed for the month of May do not have to be submitted until July 15<sup>th</sup>). The member contributions will be calculated based on hours worked that coincides with the members’ job classification rate.

**Effective dates of Contributions:** Contributions being entered are based on the payroll dates sent by the contractor (working hours).

**HCA/WRA Splits:** Basis on how splits are computed:

1. **HCA**-All HCA accounts must maintain a minimum balance of \$1,500. Contributions will disburse 97% into HCA until that amount is met. (3% is admin fee out of the WRA)
2. **WRA**- If WRA reaches \$12,500, contributions will revert to 97% into HCA (3% admin fee out of the WRA)
3. Health insurance type/level of coverage and split:

Low		Medium		High	
Single	50/50	Single	55/45	Single	60/40
2-Person	80/20	2-Person	85/15	2-Person	90/10
Family	90/10	Family	97/3	Family	97/3
HCA Amt Below \$1500				80/20	
No Longer Receiving Health Ins				80/20	
Waive/Employer-Based				20/80	
Waive/ Non-Employer Based				20/80	

4. Date order of contribution: **A contribution will be allocated as of the payroll ending date of the contribution.** Therefore, whatever the health insurance status is at the payroll ending date of the contribution, the split will go according to the split table above (in some instances - if contributions are sent in after a more current remittance from a contractor, the date order cannot be followed).

**\*\*A single contribution cannot be split multiple ways regardless of the dollar amount in your HCA/WRA. (This may put your HCA/WRA over the \$1,500/\$12,500 limit for that single contribution—the next contribution will be split accordingly)**

**Health/Dental Insurance:** Members must maintain the minimum balance requirement of \$1,500 in the HCA in order to qualify for Insurance coverage through DC#4. Paperwork needed to enroll in the insurance can be sent by postal mail or email. Members have 30 days from the date of submission to be enrolled in the coverage. Please call the Trust Funds Office for rates and information.

**Health Insurance Default:** Once a member's HCA account balance reaches \$1,500, they become eligible to sign up for our insurance. Upon receiving the default letter, they have 45 days to respond. If no response is received within this period, the member will be automatically enrolled in our single low plan. Members who already have insurance must submit a waiver with proof of coverage; otherwise, they will be defaulted to our insurance.

**Medical Reimbursements:** The HCA is considered a reimbursement account, and therefore members must pay the bill before submitting for reimbursement. A Medical Reimbursement Form must be filled out, along with a bill/ledger providing the patients’ name, a statement of charges, the service(s) provided, and the date of the service. This must be submitted as well as proof of payment, or your reimbursement may be denied. **If you are a current member, you must always maintain \$1,500 in your HCA. Only funds above that amount are available to be used for reimbursements. (i.e.: If you have a total balance of \$1,508.23 in the HCA- only \$8.23 can be used for reimbursement.)**

**\*\*\*In order to be reimbursed for out-of-pocket medical expenses, dental expenses, and vision expenses, you must have employer-based insurance either through DC#4 or your spouse’s or parents’ employer. If you have your spouse’s or**

**parents' coverage, a waiver form must be on file providing proof of the dependents covered on the employer sponsored coverage. If any dependents are not on employer-based coverage, no reimbursements can be made on their behalf.**

**Unemployment PAP Benefits (\$250):** Members must have funds available in the **WRA** and must show proof of unemployment history as well as complete a request form.

**Unemployment SUBPAY \$100 (Non-GLAZIERS):** Members must have a minimum of 1200 SUB hours (hours must be contributed to the SUB Account) during the qualifying period of June 1<sup>st</sup> to the following May 31<sup>st</sup>. The collection of benefits will be from December 1<sup>st</sup> to the following November 30<sup>th</sup>. The benefit is \$100 per week, but you must show proof of your unemployment history and complete the request form. There is a maximum of 26 weeks that can be paid in benefits.

**Unemployment Waiting Week (\$400):** Members must have funds available in the **WRA** and must show proof of unemployment history as well as complete a request form.

**Auto Dues (Non – GLAZIERS):** Members must have a minimum of 1200 SUB hours (hours must be contributed to the SUB Account) during the qualifying period of June 1<sup>st</sup> to the following May 31<sup>st</sup> and must sign the Voluntary Assignment Form and return it to the Trust Funds Office.

### **Vacations:**

There is a maximum of six (6) weeks of vacation that can be taken between June 1<sup>st</sup> and May 31<sup>st</sup> of the following year. FICA and Medicare taxes are mandatory to be taken, as well as personal withholdings for state and federal taxes. Vacations are taken with the status of Apprentice (\$850.00 comes out of WRA), Industrial (\$850.00 comes out of WRA), or Journeyman (\$1,600.00 comes out of WRA). If a member calls in the request, they will need to pick up the check on Thursday or Friday and sign for it. If you owe documentation and have direct deposit set up, we cannot release the funds, therefore you will have a paper check that week.

### **Bonus Vacation (Non – GLAZIERS):**

As a journeyman, you must have worked a minimum of 1800 SUB hours during the qualifying period of June 1<sup>st</sup>- May 31<sup>st</sup>. The Benefit amount is \$700.00 (less your personal taxes). This benefit will be processed in December of each year.

### **Holidays:**

There are ten (10) holidays that can be taken each year. The cut off for taking the prior year's holidays is May 31<sup>st</sup>. You cannot request a holiday that is more than one week in the future (i.e.: Christmas Day cannot be requested until one week prior to it appearing on the physical calendar).

### **Bereavement:**

You will be eligible for up to three (3) days at \$300 per day for days missed from the job (you cannot be collecting unemployment). You must also have worked the business day before the bereavement days requested for, as well as the business day after the last bereavement day requested. The funds must be available in the WRA in order to receive this benefit (if the funds are not available at the time of bereavement, the benefit is valid for one year from the date of passing). The Bereavement request from and proof of death obituary or death certificate) of family member is required. This benefit only applies for immediate family members (parent or parent-in law, grand-parent, spouse, child, or sibling). This benefit is applicable to Social Security and Medicare employer and employee taxes in addition to federal and state taxes.

### **Jury Duty:**

For the Jury Duty benefit, you must complete a form and provide proof of the days you served. You can collect \$200 per day served, provided you have sufficient funds in your WRA. This benefit is available for up to one year from the dates you served, even if the funds were not available at the time of service.

### **Disability/Workers Compensation Benefit:**

You must provide proof of collection of benefits, such as a copy of the check stub. This is mandatory in order to be eligible for such benefits. These checks are subject to FICA and Medicare taxes (both employer and employee portions). The funds must be

available in your WRA in order to collect these benefits (i.e.: for two (2) weeks of disability- a total of \$500.00 (\$250 each week), you are required to have a balance of \$560.38).

**Direct Deposit:** We offer direct deposit for members’ benefit checks (vacations/holidays/medical reimbursements/PAP/SUB). We need to have the form completed along with a voided check or a statement from the bank with your routing and account number. Direct deposits apply to your account on Thursdays. (Holiday schedules may differ)

**\*\*** If you owe documentation or need to sign for your check, we cannot release the funds, therefore you will have a paper check that week.

**Inactivity Bucket:**

If there is no contribution to, or distribution from your Health Care Account or Wage Replacement Account for a period of sixty (60) consecutive months, the balance in that account will be forfeited and added to the Fund’s reserves. Further, any balance remaining in your Health Care Account upon your death (if you are not survived by a spouse or eligible dependents), or upon the death of the survivor of your spouse or eligible dependents, will be forfeited and added to the Fund’s reserves. Any balance remaining in your Wage Replacement Account will be forfeited upon your death and added to the Fund’s reserves.

**Life Insurance:** Members who work 500 hours between May 1<sup>st</sup> and April 30<sup>th</sup> of the following year will qualify for our Guardian Life Insurance benefit (free of cost). The coverage period is from August 1<sup>st</sup> to July 31<sup>st</sup> of the following year.

The benefit breakdown is as follows:

- \$50,000 coverage for the member
- \$5, 000 coverage for the member’s spouse
- \$2,500 coverage for the member’s eligible dependents ages 6 months to 19 years of age
- \$250 coverage for the member’s eligible dependents ages 14 days to 6 months

**\*\*Note:** A beneficiary designation form is mailed out to each of the members upon qualification which needs to be completed and returned to DC#4 **EVERY YEAR**. It is **your responsibility** to make sure the beneficiary form is completed and turned in in a timely manner to ensure you and/or your beneficiaries will receive these benefits.

**Updating your Address:** Always keep your address updated with District Council #4. This is very important for mailings, W-2’s and checks getting mailed out. The Address change form is located on our DC4 website, or you can obtain the form by calling the District Council #4 Office at 716-565-0303. Address change forms must be notarized and sent back to DC#4.

**IUPAT Pension Phone: 1-800-554-2479** - For any questions pertaining to your pension, please call this phone number.

**IUPAT Annuity Phone: 1-866-767-1212** - For any questions pertaining to your annuity, please call this phone number.

**HIPAA Forms:**

A completed HIPAA form allows the members’ spouse, parent, or whomever they chose, to be able to call/come in to discuss the options below: **PLEASE** complete one as spouses and parents may not understand when we are unable to give them account balances or information on when contributions came in and how much was contributed.

<b><u>Specific description of information to be used or disclosed:</u></b> (Please check all that apply)		
<input type="checkbox"/> Health Care Acct Balances	<input type="checkbox"/> Medical Bills/Receipts	<input type="checkbox"/> Reimbursement Checks
<b><u>Specific purpose of the disclosure:</u></b>		
<input type="checkbox"/> Submission of Medical Claims	<input type="checkbox"/> Balance, status Inquiries	<input type="checkbox"/> Allowed to pick up reimbursement checks



**PAINTERS DISTRICT COUNCIL #4 HEALTH & WELFARE FUND  
OPEN ENROLLMENT EFFECTIVE MARCH 1, 2024: BENEFIT SUMMARIES**

	PROPOSED BENEFIT OPTION 800 (HIGH)	PROPOSED BENEFIT OPTION 800 (MED)	PROPOSED BENEFIT OPTION 800 (LOW)
IN-NETWORK DEDUCTIBLE	\$500/\$1,000	\$2,000/\$4,000	\$2,000/\$4,000
CO-INSURANCE	90%/10%	80%/20%	80%/20%
OUT OF POCKET MAXIMUM	\$2,500/\$5,000	\$4,000/\$8,000	\$5,000/\$10,000
OUT-OF-NETWORK DEDUCTIBLE	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000
CO-INSURANCE	70%/30%	60%/40%	60%/40%
OUT-OF-POCKET MAXIMUM	\$5,000/\$10,000	\$6,000/\$12,000	\$10,000/\$20,000
PHYSICIAN COPAY	\$20	\$25	20% AFTER DEDUCTIBLE
SPECIALIST COPAY	\$30	\$40	20% AFTER DEDUCTIBLE
HOSPITAL COPAY	\$500	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
OUTPATIENT SURGERY COPAY	\$75	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
EMERGENCY ROOM	\$150	\$150	20% AFTER DEDUCTIBLE
URGENT CARE	\$50	\$50	20% AFTER DEDUCTIBLE
PRESCRIPTION DRUG	\$5/\$30/\$50 AT RETAIL (2.5 TIMES AT MAIL)	\$5/20%/20% AT RETAIL (\$150 MAX/\$250 MAX) (2.5 TIMES AT MAIL)	\$15/50%/50% AT RETAIL (AFTER DEDUCTIBLE) (2.5 TIMES AT MAIL)
SINGLE RATE	\$783.14	\$628.49	\$492.68
TWO PERSON RATE	\$1,530.35	\$1,228.00	\$962.54
FAMILY RATE	\$1,995.58	\$1,640.71	\$1,317.22



## Waiver of Group Health Benefits

### Painters District Council No. 4 Health and Welfare Fund

585 Aero Dr., Cheektowaga, NY 14225 Ph: 716-565-0234 Fx: 716-565-1494

Please complete the following:

**Participant Name:** \_\_\_\_\_  
(Last) (First) (MI)

**Participant SS#** (Last 4 digits): \_\_\_\_\_ **Effective Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)

I am waiving coverage for:

- ☐ Myself
- ☐ Spouse – (Name) \_\_\_\_\_
- ☐ Dependent (s) – Please list names: \_\_\_\_\_

**Is this an employer sponsored plan?** ☐ Yes ☐ No

I am waiving due to Coverage under:

- ☐ My own ☐ My spouse's ☐ My parent's plan

Name of carrier: \_\_\_\_\_

**If you are waiving coverage, you must present a copy of your enrollment card.**

☐ Other coverage – name of carrier: \_\_\_\_\_

This other coverage is: ☐ Individual ☐ COBRA ☐ Medicare ☐ TRICARE (formerly CHAMPUS)  
☐ Child Health Plus ☐ Medicaid ☐ Indian Health Service

**IMPORTANT: Individual coverage purchased through NY State of Health, Medicare, Medicaid, TRICARE, Child Health Plus or health programs operated by the Indian Health Service, Indian tribes, tribal organizations, and Urban Indian organizations are considered NON- Employer based plans and will not qualify for medical reimbursements.**

\*\*\*\*\*

**Special Enrollment Notice and Certification** – Please review and sign below if you wish to waive coverage

By signing below, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents, if any. I am declining enrollment as indicated above. I understand that I am declining enrollment for myself or my eligible dependents (including my spouse) because of other health insurance or group health plan coverage.

I understand that I must request enrollment no more than 30 days after the date the other health plan coverage ends (60 days for Medicaid or a State Children's Health Insurance Program). If I do not do so, I will not be able to enroll until the plan's next annual open enrollment period (March 1<sup>st</sup>).

I understand that in order to request special enrollment due to a qualifying event or obtain more information, I should contact my group administrator.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Signature

# **Safety Training Awards Recognition (S.T.A.R.)**

## **Program**

### **QUALIFICATION REQUIREMENTS**

**Qualifying Period: May 1, 2023, through April 30, 2024**

#### **STAR Raffle Qualification Requirements:**

- 1. Must be present at the 2024 Awards Ceremony.**
- 2. Must be a “Member in good standing” at the time of the Awards Ceremony.**

*Members in Good Standing:* An apprentice or journey worker whose dues are paid current (not suspended or dropped). Members in good standing who are excluded from the raffle are: Business Manager, Regional Business Representatives/Organizers, full time FTI staff, and staff of the District Council. Training Fund instructors are eligible if they meet the employment hour requirement, through work under the collective bargaining agreement, with a signatory employer and complete the required courses as a student.

- 3. Must complete a minimum of 800 hours of employment for a signatory/signed employer during the Qualifying Period**
- 4. Must complete at least 16 hours of training in the Qualifying Period**

#### **2024 STAR Training Course Requirements:**

For each 16 hours of Health & Safety/Journeymen Upgrading Training you receive during the Qualifying Period (May 1, 2023, through April 30, 2024), in a Qualifying Training Class at the Finishing Trades Institute of Western & Central New York (the “Training Fund”), you will be entitled to one chance in each prize category. You must complete the course to receive credit. Duplication of Health & Safety classes during the qualifying period is **NOT** permitted.

**Example:** If you complete a 32-hours of Health & Safety/Journeymen Upgrading Training classes, you will have (02) chances for the Grand Prize Raffle & (02) chances for the Primary Prize Raffle and (02) chances for the Secondary Prize Raffle. Every additional 16 hours of classroom /hands-on training puts your name in for another chance for each Prize Category.

**Qualifying Class:** Any health, safety, or training class offered by the Training Fund, or a class approved by the Training Fund Trustees, and completed during the Qualifying Period.

### **ADDITIONAL WAYS TO EARN CREDITS**

**Attending Local Union Meetings:** For every Local Union meeting attended during the qualifying period, you will receive one (1) S.T.A.R. credit hour.

**DC4 Volunteer Organizing Committee (V.O.C.)/DC 4 Sanctioned Volunteer Events:** For every DC4 V.O.C or DC 4 sanctioned volunteer event attended, you will receive four (4) S.T.A.R. credit hours. If you volunteered more than 4 hours, and it is documented, you will receive those additional S.T.A.R. credit hours. For every DC4 V.O.C. meeting attended, you will receive 1 credit hour.

**Stipulation:** You must attend and complete at least one (1) Health & Safety or Journeyman Upgrading class.



# DRYWALL CONTRACTORS

## LOCALS 43 & 112

**International Union of Painters and Allied Trades- District Council 4**

**585 Aero Drive, Cheektowaga, NY 14225**

**(716) 565-0303 FAX: (716) 565-0306**

**Business Representative: Dominic Zirilli (716) 393-7915 [dzirilli@dc4.org](mailto:dzirilli@dc4.org)**

Drywall Contractors	Drywall Contractors
<b><u>34 Group</u></b> 4201 North Buffalo Road Orchard Park, NY 14127 Phone (716) 740-3456 Contact: Ron Juliano Cell (716) 713-8787 <a href="mailto:ron.juliano@34group.com">ron.juliano@34group.com</a> Commercial/Public/Private/MBE	<b><u>RW Dake &amp; Co. Inc</u></b> 3206 Genesee Street Cheektowaga, NY 14225 Phone (716) 408-9833 Contact: Tim Thomson <a href="mailto:tjthomson@rwdake.com">tjthomson@rwdake.com</a> Commercial/Public/Private
<b><u>Huber Construction Inc.</u></b> 136 Taylor DR. Depew, NY 14043 Phone (716) 681-8881 Fax (716) 684-1601 Contact: Ted Ackley Cell (716) 417 7297 <a href="mailto:tackley@hubercon.com">tackley@hubercon.com</a> Estimator: Doug Schlager <a href="mailto:dschlager@boxhorn.com">dschlager@boxhorn.com</a> Commercial/Public/Private	<b><u>Scrufari Construction</u></b> 3925 Hyde Park Blvd. Niagara Falls, NY 14305 Phone (716) 912-9810 Fax (716) 681-2072 Contact: Paul Dommer Cell (716) 912-9810 <a href="mailto:pdommer@scrufaricompany.com">pdommer@scrufaricompany.com</a> Commercial/Public/Private
<b><u>Mader Construction Corp.</u></b> 970 Bullis Rd. Elma, NY 14059 Phone (716) 655-3400 Fax (716) 655-4427 Contact: Tom Marchiole Email: <a href="mailto:tmarchiole@maderconstruct.com">tmarchiole@maderconstruct.com</a> or Bill Vogel- PM Cell (716) 481-3993 or Dillon Mader- PM Cell (716) 341-4018 Commercial/Public/Private	<b><u>Willett Builders, Inc</u></b> 180 Genesee Street Corfu, NY 14036 Phone (585) 599-7001 Fax (585) 486-3226 Contact: Ryan Willett <a href="mailto:ryan@willettbuilders.com">ryan@willettbuilders.com</a> Commercial/Public/Private
<b><u>Turner-Special Projects Division</u></b> 50 Lakefront Blvd. Ste. 200 Buffalo, NY 14202 Phone (716) 853-1900 Contact: Fran Slavin Cell (716) 574-2087 <a href="mailto:fslavin@tcco.com">fslavin@tcco.com</a> Commercial/Public/Private	



# PAINT CONTRACTORS LOCALS 43 & 112

## BUFFALO REGION

International Union of Painters and Allied Trades- District Council 4

585 Aero Drive, Cheektowaga, NY 14225

(716) 565-0303 FAX: (716) 565-0306

Business Representative: Dominic Zirilli (716) 393-7915 [dzirilli@dc4.org](mailto:dzirilli@dc4.org)

Painting Contractors	Painting Contractors
<b><u>34 Group</u></b> 4201 North Buffalo Road Orchard Park, NY 14127 Phone: (716) 740-3456 Contact: Ron Juliano Cell: (716) 713-8787 <a href="mailto:ron.juliano@34group.com">ron.juliano@34group.com</a> Commercial/Public/Private/MBE	<b><u>Alba Coatings</u></b> P.O. Box 201 N. Tonawanda, NY 14120 Phone: (716) 693-9500 Fax: (716) 693-7137 Contact: Mike Moran <a href="mailto:mike@albapaint.com">mike@albapaint.com</a> Residential/Commercial/Public/Private
<b><u>Color Tech Painting Contractors</u></b> 200 Roosevelt St. Tonawanda, NY 14150 Phone: (716) 807-0300 Fax: (716) 693-2906 Contact: Michael DiBiase <a href="mailto:colortechpainting@verizon.net">colortechpainting@verizon.net</a> Commercial/Public/Private	<b><u>Darling Paint &amp; Restorations</u></b> 60 Boxwood Ln. Cheektowaga, NY 14227 Phone: (716) 656-8802 Fax: (716) 656-8803 Contact: Bill Darling <a href="mailto:darlingpaintinc@aol.com">darlingpaintinc@aol.com</a> Residential/Commercial
<b><u>E&amp;M Star Painting Inc.</u></b> 3505 Genesee St. Cheektowaga, NY 14225 Phone: (716) 863-4917 Fax: (716) 632-1224 Contact: Tim McClusky <a href="mailto:shadesofcolor6@aol.com">shadesofcolor6@aol.com</a> Commercial/Public/Private	<b><u>I.C. Construction Services</u></b> 65 Mid County Dr. Orchard Park, NY 14127 Phone: (716) 662-2827 Fax: (716) 663-5658 Contact: Christine Inluxay <a href="mailto:cinluxay@gmail.com">cinluxay@gmail.com</a> MBE/Residential/Commercial/Public/Private
<b><u>Huntress Painting Inc.</u></b> 8025 Quarry Rd. Niagara Falls, NY 14304 Phone: (716) 297-5834 Fax: (716) 297-5603 Contact: Allen Richards (716) 870-6008 <a href="mailto:arichards@niagaracoatings.com">arichards@niagaracoatings.com</a> WBE/Residential/Commercial/Industrial/Public/Private	<b><u>ICC Commonwealth Corporation</u></b> 795 Wurlitzer Drive North Tonawanda, NY 14120 Phone: (716) 634-3967 Fax: (716) 634-3983 Contact: Joe Sheehan <a href="mailto:joe.sheehan@icc-commonwealth.com">joe.sheehan@icc-commonwealth.com</a> Chimneys/Stacks/Towers/Lighthouses
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<b><u>Shades of Color</u></b> 3505 Genesee St. Cheektowaga, NY 14225 Phone: (716) 912-1018 Fax: (716) 632-1224 Contact: Lisa Buchanan <a href="mailto:shadesofcolor6@aol.com">shadesofcolor6@aol.com</a> WBE/Residential/Commercial/Public/Private	<b><u>Swiatek Studios Inc</u></b> 9670 Main St, Clarence, NY 14031 Phone (716) 597-6683 Contact: Brett Swiatek <a href="mailto:swiatekstudios@gmail.com">swiatekstudios@gmail.com</a> Residential/Commercial Public/Private Historical Restorations <a href="http://swiatekstudios.com">swiatekstudios.com</a>
<b><u>Spray Tech Coatings Inc.</u></b> 116 Lake Ave. Blasdell, NY 14219 Phone: (716) 823-1122 Contact: Mike Wlostowski Cell: (716) 316-1067 <a href="mailto:mike@spraytechwny.com">mike@spraytechwny.com</a> Contact: Brian Kenyon Cell: (716) 861-1803 Commercial/Public/Private <a href="http://spraytechwny.com">spraytechwny.com</a>	<b>Swan Painting Inc.</b> 3103 North Main St. Jamestown, NY 14701 Phone: (716) 483-1200 Fax: (716) 483-3945 Contact: Ken Swan Cell: (716) 640 3944 <a href="mailto:swanpainting@windstream.net">swanpainting@windstream.net</a> Residential/Commercial/Public/Private
<b><u>Turner-Special Projects Division</u></b> 50 Lakefront Blvd. Ste. 200 Buffalo, NY 14202 Phone: (716) 853-1900 Contact: Fran Slavin Cell: (716) 574-2087 <a href="mailto:fslavin@tcco.com">fslavin@tcco.com</a> Commercial/Public/Private	



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**International Union of Painters and Allied Trades- District Council 4**

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**(716) 565-0303 FAX: (716) 565-0306**

**Business Representative: Dominic Zirilli (716) 393-7915 [dzirilli@dc4.org](mailto:dzirilli@dc4.org)**

<b>Industrial/Bridge Tank</b>	<b>Industrial/Bridge/Tank</b>
<b><u>Amstar of WNY Inc.</u></b> 825 Rein Rd. Cheektowaga, NY 14225 Phone (716) 204-9755 Cell (716) 570-5958 Contact: John Lignos <a href="mailto:jlignos@amstarwny.com">jlignos@amstarwny.com</a> Bridge/Tank/Industrial/QP1/QP2	<b><u>Atlas Painting &amp; Sheeting Corp.</u></b> 465 Creekside Dr. Amherst, NY 14228 Phone (716) 564-0490 Fax (716) 564-0494 Contact: James Frangos <a href="mailto:jfrangos@atlas-painting.com">jfrangos@atlas-painting.com</a> Bridge/Tank/Industrial/QP1/QP2
<b><u>Erie Painting &amp; Maintenance</u></b> 999 Rein Rd. Cheektowaga, NY 14225 Phone (716) 634-6746 Fax (716) 634-0838 Contact: Lee Bahas <a href="mailto:lbahas@eriepaint.com">lbahas@eriepaint.com</a> Bridge/Tank/Industrial/QP1/QP2	<b><u>Composite Technology &amp; Infrastructure</u></b> 166 Coeymans Industrial Park Lane Bldg C6 Ravena, NY 12143 Phone: (518) 469-0693 Contact: Mike Codi <a href="mailto:codi@buildcti.com">codi@buildcti.com</a> Tank/Industrial/QP3
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<b><u>MGM Insulation</u></b> 3 Sherer Street Rochester, NY 14611 585-254-6210 Contact: George Nikolevski, VP <a href="mailto:gnikolevski@mgminsulation.com">gnikolevski@mgminsulation.com</a> Tank/Veteran Minority Owned	<b><u>Delta Contracting Enterprises, Inc.</u></b> 219 Upper North Road Highland, NY 12528 845-849-1406 Contact: Evagelia Bellos, President <a href="mailto:evelyn.delta@yahoo.com">evelyn.delta@yahoo.com</a> Decking/WBE