

WIOA Incumbent Worker Training Program

Employer Application

SECTION 1. Business Information			
Business Name: BOMAG Americas			
Authorized Business Representative: Sateva Fox		Title: Senior HR Generalist	
Phone: 803-338-0700	Ext. Click or tap here to enter text.	Fax: Click or tap here to enter text.	
Email: Sateva.fox@bomag.com		Company Website Address: bomag.com/us-en/	
Street/Mailing Address: 125 Blue Granite Parkway			
City: Ridgeway		ZIP: 29130	County: Fairfield
If there are multiple business locations, please indicate the location for which training is requested: Click or tap here to enter text.			
Date of Inception: Nov 1988 in Delaware		Years in Business: 37 in US	
Total Number of Full-time Employees: 160 in US		Total Number of Part-time Employees: 0	
Total Number of Full-time Employees at this Business Location: 160		Total Number of Part-time Employees at this Business Location: 0	
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation (Designation: Click or tap here to enter text.)
Employer's Federal ID #: 34-1603223		Unemployment Comp ID #: 433793	
South Carolina Sales Tax Reg. #: 020050249		NAICS Code: 3331201	
Is your business current on all State of South Carolina tax obligations?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Has your business received IWT, RRIWT, or other state or federal funding before?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please indicate the type of funding (e.g. Incumbent Worker Training), amount, and year: I was not aware that we had received anything until Brandon made me aware. Leadership and HR has changed since then so I'm not sure what it was requested for.			
Is your business currently receiving/applying for other public training/consulting funds?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes, please identify the funding source and type of training/consulting services: Click or tap here to enter text.			
Has there been a layoff at this site within the last 12 months?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
If yes:	<input type="checkbox"/> Temporary Layoff Number affected: Click or tap here to enter text.	<input checked="" type="checkbox"/> Permanent Layoff Number affected: 15	
Has the business or part of the business relocated operations within the last 120 days?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes:	Relocated from: Click or tap here to enter text.	Relocated to: Click or tap here to enter text.	Date of Relocation: Click or tap here to enter text.
Does your business use SC Works services?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 1. Business Information**If yes, please check all applicable services:**

- ☐ List Job Openings
☒ Job Fairs
☐ Testing & Assessment

- ☐ Mass Hires
☐ Candidate Search
☐ Other:

- ☐ On-the-Job Training (OJT)
Please note: employees cannot participate in both WIOA funded OJT and IWT simultaneously.

Please describe the business's product(s) and/or service(s):

BOMAG Americas manufactures road construction equipment. Currently 3 different machines and will add additional. We also have a parts warehouse. We service all of US and Canada.

Is the business minority owned? If yes, please check one of the boxes below:

- | | |
|--|--|
| <input type="checkbox"/> Women owned | <input type="checkbox"/> Asian/American owned |
| <input type="checkbox"/> African/American owned | <input type="checkbox"/> Native/American owned |
| <input type="checkbox"/> Hispanic/American owned | <input type="checkbox"/> Other minority owned (specify): |

Amount of Funding Requested: \$6,257.00**Number of Individual Trainees: 1****Anticipated Start Date: as early as Jan 12 for spring****Anticipated End Date: 9 weeks****SECTION 2. Eligibility Criteria****Please thoroughly answer all questions. Attach additional sheets if necessary.****Do business circumstances point to probable layoffs?**☐ YES☒ NO

If yes, please describe the business's circumstances.

Click or tap here to enter text.

The requested training will:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Increase employee skills | <input type="checkbox"/> Save jobs within our business
(How many? Click or tap here to enter text.) |
| <input checked="" type="checkbox"/> Address changing skill requirements | <input type="checkbox"/> Result in a credential(s) |
| <input type="checkbox"/> Result in wage/pay increases | <input type="checkbox"/> Help prevent business relocation or closure |

Explain how the training will improve employee skills, resulting in a more competitive workforce and/or improve overall business circumstances.

With machines and different parts going into those machines, there ends up being rework that needs to be done to some of those parts. We do not currently have anyone on our production staff that is certified for welding. This causes a great issue, because we either have to do the work with someone that is not certified or send off to someone that is and is a great cost to us. This person will be able to pass his knowledge on to others and then someone else may want to be certified in the future. We do not have enough of this work to hire a fulltime welder.

SECTION 2. Eligibility Criteria

Please thoroughly answer all questions. Attach additional sheets if necessary.

List the credentials expected to result from the IWT program.

Welding certification on MIG, TIG, Stick to help support the manufacturing business for BOMAG Ridgeway SC.

Is the business committed to retaining employees?

☒ YES

☐ NO

SECTION 3. Training Project Information

Up to six (6) training programs may be requested on each application. Training descriptions for each program requested must be attached to the application.

TRAINING #1

Name of Training: MIG, TIG, Stick, Welding Class.

Training Description: Welding Certification.

Name of Training Provider: Midlands Technical College

Provider Federal ID #: Click or tap here to enter text.

Name of Training Provider Representative: CHRIS WHITE

Address: Fairfield Campus, 1674 BUS US-321

City: Winnsboro

State: South Carolina

Zip: 29180

Phone: 803-691-3865

Fax: Click or tap here to enter text.

Anticipated training dates: spring starts in January, I would have to reach out to MTC for other start dates

Projected Number of Hours
of Training: 360

Number of Trainees: 1

Job Title(s) and Length(s) of Employment:
Production Supervisor 6 ½ years.

Certification Earned: Welding Certification

BUDGET Instructor Wages/Tuition: \$5457.00

*Materials/Supplies/Textbooks: \$800

*Other Costs: Click or tap here to enter text.

TOTAL COST: \$5,457

*Please itemize costs related to materials, supplies, textbooks, and other costs here: See attachment8

TRAINING #2

Name of Training: Click or tap here to enter text.

TRAINING #2		
Training Description: Click or tap here to enter text.		
Name of Training Provider: Click or tap here to enter text.		Provider Federal ID #: Click or tap here to enter text.
Name of Training Provider Representative: Click or tap here to enter text.		
Address: Click or tap here to enter text.		
City: Click or tap here to enter text.	State: Click or tap here to enter text.	Zip: Click or tap here to enter text.
Phone: Click or tap here to enter text.		Fax: Click or tap here to enter text.
Anticipated training dates: Click or tap here to enter text.		
Projected Number of Hours of Training: Click or tap here to enter text.		Number of Trainees: Click or tap here to enter text.
Job Title(s) and Length(s) of Employment: Click or tap here to enter text.		
Certification Earned: Click or tap here to enter text.		
BUDGET	Instructor Wages/Tuition: Click or tap here to enter text.	*Materials/Supplies/Textbooks: Click or tap here to enter text.
	*Other Costs: Click or tap here to enter text.	TOTAL COST: Click or tap here to enter text.
*Please itemize costs related to materials, supplies, textbooks, and other costs here: Click or tap here to enter text.		

TRAINING #3		
Name of Training: Click or tap here to enter text.		
Training Description: Click or tap here to enter text.		
Name of Training Provider: Click or tap here to enter text.		Provider Federal ID #: Click or tap here to enter text.
Name of Training Provider Representative: Click or tap here to enter text.		
Address: Click or tap here to enter text.		
City: Click or tap here to enter text.	State: Click or tap here to enter text.	Zip: Click or tap here to enter text.
Phone: Click or tap here to enter text.		Fax: Click or tap here to enter text.
Anticipated training dates: Click or tap here to enter text.		
Projected Number of Hours of Training: Click or tap here to enter text.		Number of Trainees: Click or tap here to enter text.
Job Title(s) and Length(s) of Employment: Click or tap here to enter text.		
Certification Earned: Click or tap here to enter text.		
BUDGET	Instructor Wages/Tuition: Click or tap here to enter text.	*Materials/Supplies/Textbooks: Click or tap here to enter text.
	*Other Costs: Click or tap here to enter text.	TOTAL COST: Click or tap here to enter text.
*Please itemize costs related to materials, supplies, textbooks, and other costs here: Click or tap here to enter text.		

TRAINING #4		
Name of Training: Click or tap here to enter text.		
Training Description: Click or tap here to enter text.		
Name of Training Provider: Click or tap here to enter text.		Provider Federal ID #: Click or tap here to enter text.
Name of Training Provider Representative: Click or tap here to enter text.		

TRAINING #4		
Address: Click or tap here to enter text.		
City: Click or tap here to enter text.	State: Click or tap here to enter text.	Zip: Click or tap here to enter text.
Phone: Click or tap here to enter text.		Fax: Click or tap here to enter text.
Anticipated training dates: Click or tap here to enter text.		
Projected Number of Hours of Training: Click or tap here to enter text.		Number of Trainees: Click or tap here to enter text.
Job Title(s) and Length(s) of Employment: Click or tap here to enter text.		
Certification Earned: Click or tap here to enter text.		
BUDGET	Instructor Wages/Tuition: Click or tap here to enter text.	*Materials/Supplies/Textbooks: Click or tap here to enter text.
	*Other Costs: Click or tap here to enter text.	TOTAL COST: Click or tap here to enter text.
*Please itemize costs related to materials, supplies, textbooks, and other costs here: Click or tap here to enter text.		

TRAINING #5		
Name of Training: Click or tap here to enter text.		
Training Description: Click or tap here to enter text.		
Name of Training Provider: Click or tap here to enter text.		Provider Federal ID #: Click or tap here to enter text.
Name of Training Provider Representative: Click or tap here to enter text.		
Address: Click or tap here to enter text.		
City: Click or tap here to enter text.	State: Click or tap here to enter text.	Zip: Click or tap here to enter text.
Phone: Click or tap here to enter text.		Fax: Click or tap here to enter text.
Anticipated training dates: Click or tap here to enter text.		
Projected Number of Hours of Training: Click or tap here to enter text.		Number of Trainees: Click or tap here to enter text.
Job Title(s) and Length(s) of Employment: Click or tap here to enter text.		
Certification Earned: Click or tap here to enter text.		
BUDGET	Instructor Wages/Tuition: Click or tap here to enter text.	*Materials/Supplies/Textbooks: Click or tap here to enter text.
	*Other Costs: Click or tap here to enter text.	TOTAL COST: Click or tap here to enter text.
*Please itemize costs related to materials, supplies, textbooks, and other costs here: Click or tap here to enter text.		

TRAINING #6		
Name of Training: Click or tap here to enter text.		
Training Description: Click or tap here to enter text.		
Name of Training Provider: Click or tap here to enter text.		Provider Federal ID #: Click or tap here to enter text.
Name of Training Provider Representative: Click or tap here to enter text.		
Address: Click or tap here to enter text.		
City: Click or tap here to enter text.	State: Click or tap here to enter text.	Zip: Click or tap here to enter text.
Phone: Click or tap here to enter text.		Fax: Click or tap here to enter text.

TRAINING #6		
Anticipated training dates: Click or tap here to enter text.		
Projected Number of Hours of Training: Click or tap here to enter text.	Number of Trainees: Click or tap here to enter text.	
Job Title(s) and Length(s) of Employment: Click or tap here to enter text.		
Certification Earned: Click or tap here to enter text.		
BUDGET	Instructor Wages/Tuition: Click or tap here to enter text.	*Materials/Supplies/Textbooks: Click or tap here to enter text.
	*Other Costs: Click or tap here to enter text.	TOTAL COST: Click or tap here to enter text.
*Please itemize costs related to materials, supplies, textbooks, and other costs here: Click or tap here to enter text.		

SECTION 4. Training Budget
<p>Businesses/consortia must contribute to the cost of the IWT project, with a minimum contribution of:</p> <ul style="list-style-type: none"> • 10 percent of the cost for business locations or consortia with no more than 50 employees • 25 percent of the cost for business locations or consortia with more than 50 employees, but no more than 100 employees • 50 percent of the costs for a business location or consortia with more than 100 employees

BUDGET	IWT FUNDING PROVIDED BY WIOA	BUSINESS SHARE/ CONTRIBUTION*
TUITION/COURSE REGISTRATION	\$5457	\$12,416
TEXTBOOKS/MANUALS	Click or tap here to enter text.	Click or tap here to enter text.
TRAINING MATERIAL/ SUPPLIES	\$800.00	Click or tap here to enter text.
TOTAL COST OF TRAINING**	\$6,257.00	\$12,416.00

**Wages paid to employees while attending training may be used as the business's/training consortium's contribution to the cost of training.*

***The total of funding provided by WIOA and the business share should equal the total cost of training as reflected in the business application and training plan.*

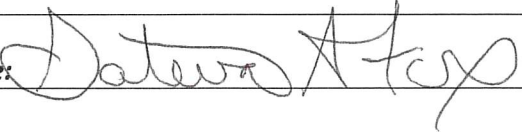
Source of Business Share/Contribution:

- ☐ Cash
☒ Employee wages paid during training
☐ In-kind

SECTION 5. Certification by Authorized Business Representative

I hereby certify that I am an authorized representative of the business named above, with the authority to commit the business to legally binding contracts and agreements. I further certify that the information given as part of and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any funds approved through this program.

This application does not constitute a contractual agreement. If any portion of the application is approved, a formal agreement between parties will be executed to obligate funds for the approved training. Training may not start prior to the effective date of the agreement.

Signature: 	Title: Senior HR Generalist
Print Name: Sateva Fox	Date: 12/17/2025



All welding program students will be required to purchase tools at an approximate cost of \$600-\$800. The required tools are listed below:

MIDLANDS
TECHNICAL COLLEGE

MTC Welding - tools and equipment

STICK/ MIG

1. Notebook/Pen/Pencil
2. Steel or composite toe leather work boots
3. Safety glasses-Clear Anti-fog
4. Face shield headgear with clear visor and shade #5 flip up attachment
5. Welding helmet - variable shade
6. Inside and outside clear cover lenses for welding helmet, 5 ea.
7. Welding jacket
8. All leather work gloves
9. SMAW welding gloves
10. Ear Plugs
11. Chipping hammer
12. Wooden handle wire brush
13. Miller LPR-100 Half Mask Respirator with P-100 Filters
14. Miller LPR P-100 Filters (Qty: 2)
15. GMAW Pliers
16. C-clamp locking jaw pliers (Qty: 2)
17. Soapstone
18. 25'x 1" wide tape measure
19. 6" torpedo level
20. Combination square
21. Inspection flashlight
22. Grinder, 4-1/2" Model: **DEWDWE402N**
23. Grinding wheels for grinder - 4 1/2" x 1/4" x 7/8" (Qty: 10)
24. Flap discs for grinder- 4 1/2" 40 Grit (Qty: 2)
25. Cutting wheels for grinder- 4 1/2" x .045 x 7/8" (Qty: 10)
26. Oxy-fuel striker
27. Oxy-fuel tip cleaner
28. Fitted welder's cap
29. 10" Adjustable wrench
30. Heavy duty side cutters or lineman's pliers

TIG

31. ****GTAW welding gloves****
32. ****Wood handle stainless wire brush****
33. ****26 Flex Head w/ valve single line TIG torch Model: CK26V-12-R FX****
34. ****TIG Size 26 Power Adapter****
35. ****12 Foot Argon hose****



MIDLANDS
TECHNICAL COLLEGE

36. ****Rubber insulator boot for power adapter on TIG torch****
37. ****GTAW consumable kit****

- Tungsten: 2% Ceriated- 1/8" (Qty: 10)
- Collets: 1/8" (Qty: 5)
- Gas lens: 1/8" (Qty: 2)
- Ceramic cups: (Qty: 5 each): #6, #8
- Gas lens adapter: (Qty: 2)

Welding Supply Distributors:

Roberts Oxygen: 803-334-0301

Gas & Supply: 803-670-2400

Arc 3: 803-356-2868

American Welding and Gas: 803-567-2772

Linde (PraxAir): 803-251-4455