



EMPLOYER ACCEPTANCE AGREEMENT SUPPLEMENTAL FORM



(Sponsor/Association Name)

MATC #:

This form is to be completed and attached to the Employer Acceptance Agreement when requested by the Apprenticeship Committee or by the Maryland Apprenticeship and Training Council.

PARTICIPATING EMPLOYER:

Company Name: #

Address:

Telephone: Fax:

As of: , we employ the following number of persons in the occupation of:
(Month, Day, Year)

(List each occupation on a separate sheet.)

journeypersons, of which are minority and are female.

total apprentices, of which are registered with
(Name of Sponsor/Association)

and of which of those are minority and are female.

Our current average journeyperson's wage rate for this occupation is \$ per hour.

SUBMITTED BY:

Employer's Signature

Sponsor/Association's Signature

Typed or Printed Name

Typed or Printed Name

Title

Title

Date Signed

Date Signed

MD Council

B.A.T.

Sponsor

Participating Employer

**Division of Workforce Development and Adult Learning
Maryland Apprenticeship and Training Program
100 S. Charles Street, Tower 1, Suite 2000
Baltimore, MD 21201
410-767-2246**

e-mail: dmatpapprenticeshipandtraining-labor@maryland.gov

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