



Maryland

DEPARTMENT OF LABOR

Office of Apprenticeship

**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:

(Month, Day, Year)

, we employ the following number of persons in the occupation of:

(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

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Rev. 10/25