



**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 journeyman'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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**Division of Workforce Development and Adult Learning Maryland**  
**Apprenticeship and Training Program**  
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**Baltimore, MD 21201**  
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