EMPLOYER ACCEPTANCE AGREEMENT SUPPLEMENTAL FORM

Harford County Electrical Contractors AssociationMATC # 919(Sponsor/Association Name)

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 EMPLO	DYER:		
Company Name: _			-
Address:			-
Phone:	Fax:	Email:	-
As of(Month, Da	, we employ th ay, Year)	he following number of persons in the occupation of:	
Electrician	(List	t each occupation on a separate sheet.)	
journeypersons	s, of which are minor	ity and are female.	
total apprentice	es, of which are registent HCECA	ered with <u>Harford County Electrical Contractors Assoc</u> (Name of Sponsor/Association)	iation
and of which	of those are minority and	are female.	
		this occupation is <u>\$</u> per hour.	
SUBMITTED BY:	incyperson's wage rate for		
SOBMITTED BT.			
(Employer	r's Signature)	(Sponsor/Association's Signature)	
		Peggy L. Howard	
(Typed or P	Printed Name)	(Typed or Printed Name)	
(Tit	le)	Apprenticeship Coordinator (Title)	
(Date S	igned)	(Date Signed)	
*****	*****	*****	
MD Council	B.A.T.	Sponsor Participating Employer	