



DISTRICT OF COLUMBIA APPRENTICESHIP COUNCIL  
 4058 Minnesota Ave., N.E. Room 3600  
 WASHINGTON, D.C. 20019

**EMPLOYER ACCEPTANCE AGREEMENT**

The following employer:

Employer Name: <small>Your company's name</small>	[Redacted]
Address: <small>Your company's address</small>	[Redacted]
City: <small>Your company's city, state, zip</small>	[Redacted]
Contact Person: <small>Apprenticeship contact at your company</small>	[Redacted] Telephone#: [Redacted]

Subscribes and agrees to fully participate in all conditions established under the apprenticeship standards registered under the name of:

Associated Builders and Contractors of Metro Washington # 91367

The Employer understands and agrees to comply with the requirements for apprenticeship established under D.C. Code 32-1401, Subchapter II and 29-CFR Parts 29 and 30.

The employer agrees to utilize the apprenticeship standards for all training in the occupation(s) of:

enter trade(s) [Redacted]

And further understands that all conditions of the standards must be adhered to for employees performing the duties of an apprentice as listed in the standards. All individuals performing the work processes as listed in the standards for the above named employer shall be registered as an apprentice with the D.C. Apprenticeship Council.

Each participating employer agrees that participation is a privilege and the failure to adhere to the above requirements will cancel the employer's agreement and ability to participate in the apprenticeship program and on D.C. government-assisted projects.

Contractors with previous violations of D.C. Apprenticeship laws and regulations may not be approved under this agreement.

For the Employer: Your company completes below

Signature	[Redacted]
Typed or Printed Name	[Redacted]
Title	[Redacted]
Date	[Redacted]

For the Committee:

Title Director of Education
Date
Registration No. 91367

# EMPLOYER ACCEPTANCE AGREEMENT

## SUPPLEMENTAL FORM

Associated Builders and Contractors of Metro Washington #91367

(Association's Name)

This form is to be completed and attached to the Employer Acceptance Agreement as a requirement and upon request of the D.C. Apprenticeship Council.

### Participating Member:

Name: \_\_\_\_\_  
Your company's name

Address: \_\_\_\_\_  
Your company's address

As of (Date) \_\_\_\_\_, employs  
the following number of persons.

\_\_\_ journey workers, of which \_\_\_ are minorities, \_\_\_ are females.

\_\_\_ apprentices, of which \_\_\_ are minorities, \_\_\_ are females.

Has participating employer ever participated in apprenticeship training? \_\_\_ yes, \_\_\_ no

How long has participating employer provided apprenticeship training? \_\_\_ years.

How many apprentices completed apprenticeship training while employed?

\_\_\_ apprentices completed apprenticeship, of which \_\_\_ are minorities, \_\_\_ are females.

Our current journeyworker's wage rate is \$ \_\_\_\_\_ per hour for the trade of \_\_\_\_\_  
\_\_\_\_\_ and is \$ \_\_\_\_\_ for the trade of \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
(Employer's Signature)

\_\_\_\_\_  
(Date)

Approved by: \_\_\_\_\_

Director of Apprenticeship

\_\_\_\_\_  
(Date)