



Appendix D

EMPLOYER ACCEPTANCE AGREEMENT

ADOPTED BY

(CLICK TO INSERT NAME OF SPONSOR(S) OR ORGANIZATION(S))

DEVELOPED IN COOPERATION WITH THE
U. S. DEPARTMENT OF LABOR
OFFICE OF APPRENTICESHIP



Appendix D

EMPLOYER ACCEPTANCE AGREEMENT

The undersigned employer hereby subscribes to the provisions of the Apprenticeship Standards formulated and registered by the Click to Insert name of Sponsor(s) or organization(s) and agree(s) to carry out the intent and purpose of said Standards for (Insert occupation(s)) and accompanying Appendices and to abide by the rules and decisions of the Sponsor established under these Apprenticeship Standards. The undersigned employer further agrees to allow the Click to Insert name of Sponsor(s) or organization(s) to access the employer's records to confirm compliance with the terms of the Apprenticeship Standards and requirements of 29 CFR Part 29, subpart A, and Part 30. (Insert Employer's name) have been furnished a copy of the Standards and have read and understood them, and request certification to train apprentices under the provisions of these Standards. On-the-job, the apprentice is hereby assured qualified training personnel and adequate supervision during the apprenticeship. The training should follow the approved Work Process Schedule and Related Instruction Outline including the rotation of tasks. The employer further agrees to follow the selection procedures per the approved Standards consistent with the requirements set forth in 29 CFR § 30.10(b). This employer acceptance agreement will remain in effect until canceled voluntarily or revoked by the Sponsor, Employer, or the Registration Agency.

Click or tap here to enter text.
(Print Name of Employer Representative)

Click or tap here to enter text.
(Print Name of Sponsor Representative)

Signed: _____
(On Behalf of Employer)

Signed: _____
(On Behalf of Sponsor)

Date: _____

Date: _____

Employer Title: _____

Name of Company: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Fax: _____ Email: _____

NAICS Code (Optional): Click or tap here to enter text.

Employer Identification Number (Optional): Click or tap here to enter text.

cc: Registration Agency