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## Appendix D

### EMPLOYER ACCEPTANCE AGREEMENT

#### ADOPTED BY

**Burglar and Fire Alarm Association of Michigan (BFAAM)**.....  
**Apprenticeship Steering Committee**

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

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**Appendix D**  
**EMPLOYER ACCEPTANCE AGREEMENT**

The undersigned employer hereby subscribes to the provisions of the Apprenticeship Standards formulated and registered by the Burglar and Fire Alarm Association of Michigan Apprenticeship Steering Committee and agree(s) to carry out the intent and purpose of said Standards for \_\_\_\_\_ Apprenticeship \_\_\_\_\_ 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 Burglar and Fire Alarm Association of Michigan Apprenticeship Steering Committee \_\_\_\_\_ 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. \_\_\_\_\_ 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.

*(Print Name of Employer Representative)*

*(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: \_\_\_\_\_

NCAIS Code (Optional): \_\_\_\_\_

Employer Identification Number (Optional): \_\_\_\_\_

Cc: Registration Agency

Attached any documents that outline specific deviations from the agreed to Appendix A Work Processes (e.g. Wages, Min Qualifications, Selection that are specific to this location/employer