



DIVISION OF LABOR & INDUSTRY
Office of the Commissioner
10946 Golden West Drive, Suite 160
Hunt Valley, MD 21031

Certification of CBA Submission

1. I am voluntarily submitting one or more collective bargaining agreements (CBAs) for consideration in the 2024 Maryland annual prevailing wage survey.
2. By submitting these documents, I am certifying that, as to each CBA:
 - a. The CBA is a true and accurate copy of the original;
 - b. The CBA is currently in effect;
 - c. Signatory employers are paying covered workers at least the wage and fringe rates set forth in the CBA; and
 - d. The information that I am providing below regarding each CBA is accurate and complete.

/s/_____ Date:_____

Name:_____

Title:_____

Organization:_____

Email:_____ Telephone:_____

Please return this form, together with the Attachment and signed copies of the identified agreements, to the prevailing wage unit by email to dldlprevailingwage-labor@maryland.gov or by mail to the address above, attention: Prevailing Wage Unit - 2024 Survey



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ATTACHMENT TO ATTESTATION

Please list each CBA below, together with the requested information, or attach a separate sheet. Note: CBAs must be **signed** to be accepted.

CBA name	Employer signatories to CBA	Effective date	Expiration Date

Geographic scope	Classifications covered

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