



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. **I understand that this is not a substitute for specific payroll data, which, if available, must be uploaded to the portal to be included in the survey rate calculation.**
  
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](mailto: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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