

**Massachusetts On-the-Job Training (OJT)
Signatory Authorization for OJT Employers**

Complete All Sections

Employer's Legal Business Name:		
Alternative Business Name(s) (including DBAs):		
MOSES Employer ID:		
Business Address:		
City:	State:	ZIP:

Massachusetts or Foreign Corporation (check ONE)

Massachusetts Corporation	<input type="checkbox"/>
Non-Massachusetts Corporation: <i>A non-Massachusetts Corporation is required to register with the Massachusetts Secretary of State to obtain an authorization to do business within Massachusetts. Attach a copy of such authorization to this form.</i>	<input type="checkbox"/>

Corporate Tax Status (check ONE)

For-Profit Corporation	<input type="checkbox"/>
Corporation exempt from taxation	<input type="checkbox"/>
Corporation exempt from taxation under 501(c)(3) of the Internal Revenue Code	<input type="checkbox"/>

ATTACHMENT M

Certificate of Vote

The following statement must be completed and signed by the Clerk(s) of the corporation, or a Certificate of Vote authorizing a signatory to execute contracts on behalf of the corporation must be attached.

At a duly authorized meeting of the Board of Directors of _____ [Name of Corporation]
held on _____ [Date], in accordance with the by-laws of said corporation, it was voted that:
Name _____

Title _____

and/or

Name _____

Title _____

of the corporation be hereby authorized to execute contracts and bonds on behalf of the corporation and that such execution of any contract or obligation in this corporation's name on its behalf by the person so authorized shall be valid and binding on this corporation.

Signature of Clerk: _____ Date: _____

AFFIDAVIT OF COMPLIANCE

I _____ authorized signatory of _____ [Name of Corporation] do hereby certify that the above named corporation has filed with the Secretary of State all certificates and reports required by MGL c.156 and MGL c. 180 s. 26A.

Authorized Signatures

I hereby certify that the above information is, to the best of my knowledge, true and correct.

Employer Signature: _____	Date: _____
Type/Print Name: _____	Title: _____

SEND COMPLETED FORM TO:

Career Center Name
c/o OJT Coordinator
Address
City, State, ZIP