

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;

Enter the E-Verify company ID number, which consists of four to seven digits (no letters). This number is located on each page of the memorandum of understanding, directly below the E-Verify logo. Program administrators who have completed the tutorial may also find the number by logging into E-Verify and selecting Edit Company Profile under the Company tab. (This is **NOT** the same number as the FEIN or Tax ID.)

For questions about the E-Verify company ID or authorization date, contact U.S. Citizenship and Immigration Services (USCIS) by telephone at 884-464-4218 or email E-Verify@dhs.gov.

g) Contractor acknowledges its responsibility to submit copies of any affidavits, contracts, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

This section must be completed by contractor/vendor

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

The authorization date should be in the letter received from USCIS.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ at "Valdosta State University" (state).
as the Public Employer

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

This section must be completed and be notarized

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____

Notary seal must be visible