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

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of Central Savannah River Area Regional Commission has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

______________________________________________
Federal Work Authorization User Identification Number
(e-Verify Company ID – Numerical Only)
______________________________________________
Date of Authorization
______________________________________________
Name of Contractor
______________________________________________
Name of Project
CSRA Regional Commission
Name of Public Employer

If exempt from the E-Verify program, return an official letter from your organization confirming the total number of employees along with a copy of your business or professional licensure. Individuals are required to submit a current driver license.

For more information on the Illegal Immigration and Enforcement act:

www.audits.ga.gov

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

Executed on ____________,_____, 201__ in ______________(city), ________(state).

______________________________________________
Signature of Authorized Officer or Agent

______________________________________________
Printed name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS ____________ DAY OF ______________, 201__.

______________________________________________
NOTARY PUBLIC
My Commission Expires:

Created 10/12/2017