

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

The undersigned contractor ("Contractor") executes this Affidavit to comply with the requirements of O.C.G.A. § 13-10-91(b)(1) related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91, attesting as follows:

- The Contractor has registered with, is authorized to use and use the federal work authorization program commonly known as E-Verify, or any other federal work authorization program;
- The Contractor will continue to use the federal work authorization program during the contract period, including any renewal or extension thereof, and in the event the Contractor is not authorized to use the federal work authorization program during the contract period, the Contractor will notify the State of Georgia in the event the Contractor is not authorized to use the federal work authorization program during the contract period.

Enter the E-Verify company ID number, which consists of four to seven digits (no letters). This 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 a NOT the same number as FEIN nor Tax ID.)

For questions on the E-Verify company ID or authorization date, contact U.S. Citizenship and Immigration Services (USCIS) by telephone at 888-464-4218 or e-mail E-Verify@dhs.gov.

- Contractor acknowledges its responsibility to ensure that all employees are properly licensed and identification cards required pursuant to O.C.G.A. § 13-10-91(b)(1) are received 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

I hereby declare under penalty of perjury that the information provided is correct.

Enter 'University of Georgia' as the Public Employer

Executed on _____, 20____, at _____ (state).

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

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

This section must be completed and must be notarized

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____

Notary seal must be visible