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

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

a)a The Contractor has registered with, is authorized to use and use a
authorization program commonly known as E-Verify, or any
program;

b) The Contractor will continue to use the federal work author
the contract period, including any renewal or extension there
er in the event t
n during the cont a

tilize the federal wo
ontract;
a
ance of services in satisfactio
nt an affidavit to the Contractor with th
91(a), (b), and (c):
at this Affidavit shall be incorporated in
O.C.G.A. § 13-10-91 for the project li
ne date hereof without further action o
consen ractor; and

g)a Contrac owledges its responsibility to
licenses a dentification cards required purs
employe in five business days of receipt

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-maila E-Verify@dhs.gov.a

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.)

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 o correct.

Executed on _____a____, 20__ _____ (state)

Enter University of Georgia as the Public Employer

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 _____a___, 20_____.

_____ NOTARY PUBLIC
My Commission Expires: _____

Notary seal must be visible