

## HB 87/SB160 (EVERIFY) Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the performance of services on behalf of <u>Jasper County Board of Education</u> 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 will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the 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:

|                                | OR       | (Check box)                         | OR       | (Check box)                                      |
|--------------------------------|----------|-------------------------------------|----------|--|
| Federal Work Authorization     |          | I have less than 10 employees       |          | I have no employees                              |
| User Identification Number     |          |                                     |          |  |
|                                |          | **Please include a copy             |          | **Please include a copy of your driver's license |
| Date of Authorization          |          | of your driver's license            |          | of your driver's ficense                         |
|                                | ]        |                                     |          |  |
|                                |          |                                     |          |  |
|                                |          |                                     |          |  |
| Name of Vendor                 |          |                                     |          |  |
|                                |          | <u></u>                             |          |  |
| Address of Vendor              |          |                                     |          |  |
| PO or Contract Number          |          |                                     |          |  |
|                                |          |                                     |          |  |
| I hereby declare under penalty | of perju | ry that the foregoing is true and o | correct. |  |
| Executed on,, 201              | l in     | (city),(state).                     |          |  |
|                                |          |                                     |          |  |
|                                |          | <u> </u>                            |          |  |
| Signature of Authorized Offic  | er or Ag | ent                                 |          |  |
|                                |          |                                     |          |  |
| Printed Name and Title of Au   | thorized | Officer or Agent                    |          |  |
|                                |          |                                     |          |  |
| SUBSCRIBED AND SWORM           |          |                                     |          |  |
| ON THIS THE DAY                | OF       | ,201                                |          |  |
| NOTARY PUBLIC                  |          | <del></del>                         |          |  |
|                                |          |                                     |          |  |
| My Commission Expires:         |          |                                     |          |  |