CITY OF LAGRANGE
OFFICE OF PURCHASING
COUNTY OF TROUP

CONTRACTOR AFFIDAVIT UNDER O.C.G.A. § 13-10-91(b)(1)

COMES NOW before me, the undersigned officer duly authorized to administer oaths, the undersigned contractor, who, after being duly sworn, states as follows:

By executing this affidavit, the undersigned vendor 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 the City of LaGrange has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, in accordance with the applicable provisions and deadlines established in O.C.G.A § 13-10-91. Furthermore, the undersigned vendor will continue to use the federal work authorization program through the contract period and the undersigned vendor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the vendor with the information required by O.C.G.A § 13-10-91(b).

Vendor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Company ID Number (E-Verify Number) 6 digits

Date of Authorization

OR

I hereby declare under penalty of perjury that I ___________________________________________ (name), have zero employees and thereby am exempt from the above regulations.

OR

I hereby declare under penalty of perjury that ___________________________________________ (vendor name) does not engage in the physical performance of services on behalf of the City of LaGrange and thereby is exempt from the above regulations.

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

Executed on __/__/20___ in ______________ (city), _____ (state).

________________________________________
(Vendor Name)

________________________________________
(Signature of Authorized Officer or Agent)

________________________________________
(Printed Name and Title of Authorized Officer or Agent)

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ___________ DAY OF, ________
__________________________________________ My commission expires: ______________
Notary Public