

Sub-subcontractor E-Verify Affidavit Pursuant to O.C.G.A. § 13-10-91(b)(4)

By executing this affidavit, the undersigned Subcontractor verifies its compliance with **O.C.G.A. § 13-10-91**, *et seq.* (the "Act") and **Chapter 300-10-1** of the **Rules of Georgia Department of Labor** (the "Rules"), stating affirmatively that the individual, firm, or corporation which is engaged in the physical performance of services or work as a Sub-subcontractor under work assigned to (enter the name of the Subcontractor here)

_____ who is performing subcontract work for (enter the name of City's Selected Contractor or Selected Provider here)

_____ on behalf of the **City of East Point Georgia** (the "City"), (1) has registered with; (2) is authorized to use; (3) is using; and (4) shall continue to use throughout the Contract Period 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 the Act and the Rules.

The undersigned Sub-subcontractor further agrees that is shall contract for the physical performance of services or work in satisfaction of the Contract with the City only with Sub-subcontractor(s) who present an **E-Verify Affidavit** to the undersigned Sub-subcontractor with the information required by the Act and the Rules. The undersigned Sub-subcontractor shall submit this affidavit to the Subcontractor with whom such Sub-subcontractor has privity of contract. Additionally, the undersigned Sub-subcontractor shall forward notice of the receipt of an **E-Verify Affidavit** from a Sub-subcontractor to the Subcontractor within five (5) business days of receipt of the notice.

The Sub-subcontractor hereby attests that its **Federal Work Authorization User Identification Number** and date of authorization are as follows:

_____ Federal Work Authorization User Identification Number _____ Date of Authorization

Name of Sub-subcontractor: _____

Suite / Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

_____ City of East Point Solicitation Number and / or Name of City Project

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

_____ 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 _____, 201 _____

_____ Notary Public

My Commission Expires On: _____