

**Contractor E-Verify Affidavit Pursuant to O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned Provider 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 has accepted a Contract award 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 Provider further agrees that, should it employ or contract with any Subcontractor(s) in conjunction with the physical performance of services or work required through the acceptance of a Contract award with the City of East Point Georgia of which this affidavit is a part, the undersigned Provider shall secure from such Subcontractor(s) similar verification of compliance with the Act and the Rules through the Subcontractor's execution of the **Subcontractor's Affidavit** which has been provided by the City.

The undersigned Provider further agrees to provide a copy of each such affidavit to the City of East Point Georgia at the time the Subcontractor(s) is retained to perform such services or work, and to maintain copies of all such affidavits for **no less than five (5) years from the date such affidavits were provided to the City** and otherwise to maintain records of compliance with the Act and the Rules as required by law.

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

\_\_\_\_\_ Date of Authorization  
Federal Work Authorization User Identification Number

Name of Provider: \_\_\_\_\_

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: \_\_\_\_\_