

Subcontractor E-Verify Affidavit Pursuant to O.C.G.A. § 13-10-91(b)(3)

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 Subcontractor under a Contract assigned to (Enter the Name of the Contractor below)

_____ 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 Subcontractor further agrees that it shall contract for the physical performance of services or work in satisfaction of the Contract only with Sub-subcontractor(s) who present an **E-Verify Affidavit** to the undersigned Subcontractor with the information required by the Act and the Rules. The undersigned Subcontractor shall forward notice of the receipt of an **E-Verify Affidavit** from a Sub-subcontractor(s) to the Contractor named above within five (5) business days of receipt of the notice. If the undersigned Subcontractor receives notice that a Sub-subcontractor has received an **E-Verify Affidavit** from any other contracted Sub-subcontractor, the undersigned Subcontractor must forward, within five (5) business days of receipt of the notice, a copy of the notice to the Contractor named above.

The 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 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: _____