

## Subcontractor Affidavit under 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, stating affirmatively that the individual, firm or corporation which is engaged in the physical
performance of services under a contract with on behalf of <u>Banks</u>
County 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 subcontractor will continue
to use the federal work authorization program throughout the contract period and the undersigned
subcontractor will contract for the physical performance of services in satisfaction of such contract only with
sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A.
§ 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit
from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned
subcontractor receives notice of receipt of an affidavit from any sub-subcontractor that has contracted with
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a sub-subcontractor to forward, within five business days of receipt, a copy of such notice to the contractor.
Subcontractor hereby attests that its federal work authorization user identification number and date of
authorization are as follows:
Federal Work Authorization User Identification Number
Tederal Work Authorization Oser Identification Number
Date of Authorization
Date of Authorization
Name of Subcontractor
Name of Subcontractor
Name/Number of Project
Numer wanter of Froject
Name of Public Employer
Traine of Fability Employer
I hereby declare under penalty of perjury that the foregoing is true and correct.
Thereby acoustic under penalty of perjary that the foregoing is true and correcti
Executed on,, 201 in(city),(state).
(otate).
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: