

Instructions

The form below must be completed in its entirety and returned to the Department. If completion of this form is a requirement for a solicitation advertised via Team Georgia Marketplace (TGM), you must attach the completed form to the event PRIOR TO THE CLOSE OF THE EVENT. Failure to attach the completed form to the event may result in rejection of your bid. Please review the Sourcing Event and its /exhibits carefully and respond as directed. Information regarding uploading attachments is provided in Section 2.2.4 "Uploading Forms" of Exhibit A. eRFx Details.



GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	
Address:	
Solicitation/Contract No.:	
Solicitation /Contract Name:	

CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, entity or corporation which is engaged in the physical performance of services on behalf of the Georgia Department of Transportation 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 Contractor will continue to use the federal work authorization program throughout the contract period and the undersigned Contractor will contract for the physical performance of services in satisfaction of such contract only with sub-Contractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number
(EEV/E-Verify Company Identification Number)

Date of Authorization

Name of Contractor

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

Printed Name (of Authorized Officer or Agent of
Contractor)

Title (of Authorized Officer or Agent of
Contractor)

Signature (of Authorized Officer or Agent)

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON

Notary Public

[NOTARY SEAL]

My Commission Expires: _____