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 angusted in the physical performance of services under a contract with
engaged in the physical performance of services under a contract with () on behalf of (Forsyth County School System) has
Name of Contractor
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 that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the 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 (4-7 Digits, no letters)
Date of Authorization (of E-Verify authorization)
Name of Contractor
Name of Project/Contract Number/Purchase Order Number
Name of Public Employer
I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on,, 20 in(city),(state).
Signature of Authorized Officer or Agent
Printed Name and Title of Authorized Officer or Agent
Printed Name and Title of Authorized Officer or Agent SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF
SUBSCRIBED AND SWORN BEFORE ME