By executing this affidavit, the undersigned sub-subcontractor verifies its compliance with or is exempt from 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 for (subcontractor or sub-subcontractor with whom such sub-contractor has privity of contract) and (name of contractor) on behalf of Board of Regents of the University System of Georgia for the use and benefit of CLAYTON STATE UNIVERSITY (public employer) 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 sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to (subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to (subcontractor or sub-subcontractor with whom such sub-contractor has privity of contract). Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

FEDERAL WORK AUTHORIZATION NUMBER

DATE OF AUTHORIZATION

Exemptions (check if applicable):

Contractor (or subcontractor) employs less than 11 employees:

Licensed in Georgia: ____________________________________

State Bar License

Title 26 or 43 License/List of Professions

http://www.clayton.edu/contract-administration/exemptions
(Note: Review GA Code for updated information)
http://www.lexisnexis.com/hottopics/gacode/default.asp

Other: __________________________________________________

NAME OF CONTRACTOR

PROJECT NAME

Board of Regents of the University System of Georgia for the use and benefit of CLAYTON STATE UNIVERSITY.

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

Executed on ________, ____ in _______ (city), _____(state).

______________________________
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 ___________20_____

NOTARY PUBLIC: ________________________________

My Commission Expires: ________________________________