By executing this affidavit, the undersigned contractor 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 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 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 subcontractors 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 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 ________, _____, 20__ 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: ______________________