

CLAYTON STATE UNIVERSITY

CONTRACTOR AFFIDAVIT UNDER O.C.G.A. § 13-10-91(B)(1)

OR

EXEMPTION FORM

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: _____