

## IMMIGRATION AND SECURITY FORM (GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)

Contractor's Name:					
County Solicitation/ Contract No.:					
CONTRACTOR AFFIDAVIT					
91, stating affirmatively that the	ridavit, the undersigned Contractor he Contractor identified above had, in accordance with the application	as registered with and is pa	articipating in a federal		
connection with the physical p secure from such subcontractor Subcontractor Affidavit. Contr	rther agrees that, should it emperformance of services pursuant or(s) similar verification of compractor further agrees to maintain rounty at the time the subcontractor	to this contract with the Cliance with O.C.G.A. § 13 ecords of such compliance	County, Contractor will -10-91 on the attached and provide a copy of		
EEV / E-Verify <sup>TM</sup> Company Id	lentification Number				
BY: Authorized Officer or Age (Contractor Name)	ent	Date			
Title of Authorized Officer or	Agent of Contractor				
Printed Name of Authorized O	fficer or Agent				
SUBSCRIBED AND SWORN	BEFORE ME ON THIS THE _	DAY OF	, 20		
Notary Public		[NOTARY SEAL]			
My Commission Expires:					

\*any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603

Revised 11/08/11 SPD-SP054



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Contractor's Name	
<b>County Solicitation</b>	/
Contract No.	
perform under the county (third page of this form responsible for providing	JCTIONS TO CONTRACTOR: Identify all subcontractors used to contract. In addition, you must attach a signed and notarized affidavit ) from each of the subcontractors listed below. The contractor is a signed and notarized affidavit to the County within five (5) days of abcontractor used to perform under the identified County contract.
Contractor's Name:	
Subcontractors:	

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Contractor's Name:			
Subcontractor's (Your) Name:			
County Solicitation/			
Contract No.:			
	SUBCONTRACTOR A	FFIDAVIT	
By executing this affida 10-91, stating affirmatively that under a contract with the Contract and is participating in a federal we deadlines established in O.C.G.A	tor identified above on behalf ork authorization program*, in	engaged in the physical pof the County identified al	performance of services bove has registered with
EEV / E-Verify <sup>TM</sup> Company Iden	tification Number		
BY: Authorized Officer or Agent (Subcontractor Name)		Date	
Title of Authorized Officer or Ag	ent of Contractor		
Printed Name of Authorized Offi	cer or Agent		
SUBSCRIBED AND SWORN B	EFORE ME ON THIS THE $\_$	DAY OF	, 20
Notary Public		[NOTARY SEAL]	
My Commission Expires:			

\*any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603

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