



Blue Ridge, Georgia
Live. Work. Play.

CONTRACTOR AFFIDAVIT

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

Contractor's Name & Address:	
Phone / Fax / Email:	
Entity's Name:	City of Blue Ridge
Project/ Contract No.:	

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the Contractor identified above has registered with and is participating in a federal work authorization program*, in accordance with the applicability provisions and deadlines established in O.C.G.A. §13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the State Entity, Contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. §13-10-91 on the attached Subcontractor Affidavit. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the State Entity at the time the subcontractor(s) is (are) retained to perform such service.

EEV / E-Verify™ User Identification Number

If you need to register, search for "eVerify" at:
<http://www.uscis.gov/portal/site/uscis>

Registration Date

Signature of Authorized Officer or Agent

Date Signed

Printed Name of Authorized Officer or Agent

Initial if applies Initial here if you are not required to register with the e-Verify program because you are an Independent Contractor and you have no employees.

Title of Authorized Officer or Agent of Contractor

If you have no employees you must still complete this form in full, except for the *e-verify number & registration date*.

You do not need to have this form notarized if you have no employees & you attach a copy of your driver's license or other State-issued ID from Georgia, Alabama, Arizona, Mississippi, North Carolina, South Carolina, or Utah.

(Notarization is not required if you are an Independent Contractor who has no employees and you attach a copy of your driver's license or state-issued ID card from one of the states listed above.)

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
____ DAY OF _____, 20__

[NOTARY SEAL]

Notary Public

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

**IMMIGRATION AND SECURITY FORM (page 2)
(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)**

Contractor's Name:	
State Entity's Name:	City of Blue Ridge
State Solicitation/ Contract No.:	

ADDITIONAL INSTRUCTIONS TO CONTRACTOR: Identify all subcontractors used to perform under the state contract. In addition, you must attach a signed and notarized affidavit (third page of this form) from each of the subcontractors listed below. The contractor is responsible for providing a signed and notarized affidavit to the State Entity within five (5) days of the addition of any new subcontractor used to perform under the identified state contract.

Type of Work	Name of Subcontractor

(This page must still be completed in full except e-verify number and registration date.)



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SUBCONTRACTOR AFFIDAVIT

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

Contractor's Name:	
Subcontractor's Name & Address:	
Phone / Fax / Email:	
State Entity's Name:	City of Blue Ridge
State Solicitation/ Contract No.:	

By executing this affidavit, the undersigned Subcontractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the Subcontractor which is engaged in the physical performance of services under a contract with the Contractor identified above on behalf of the State Entity identified above has registered with and is participating in a federal work authorization program*, in accordance with the applicability provisions and deadlines established in O.C.G.A. §13-10-91.

EEV / E-Verify™ User Identification Number

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<http://www.uscis.gov/portal/site/uscis>

Registration Date

Signature of Authorized Officer or Agent

Date Signed

Printed Name of Authorized Officer or Agent

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If you have no employees you must still complete this form in full, except for the *e-verify number & registration date*.

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Title of Authorized Officer or Agent of Subcontractor

(Notarization is not required if you are an Independent Contractor who has no employees and you attach a copy of your driver's license or state-issued ID card from one of the states listed above.)

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