

**APPENDIX E:  
Subcontractor Affidavit**

By executing this affidavit, the undersigned subcontractor verifies its compliance with 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 with (name of contractor) on behalf of (name of 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 subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned sub-subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number \_\_\_\_\_  
Date of Authorization \_\_\_\_\_  
Name of Subcontractor \_\_\_\_\_  
Name of Project \_\_\_\_\_  
Name of Public Employer \_\_\_\_\_

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

\_\_\_\_\_  
AUTHORIZED OFFICER/AGENT SIGNATURE

\_\_\_\_\_  
AUTHORIZED OFFICER/AGENT PRINT NAME

\_\_\_\_\_  
AUTHORIZED OFFICER/AGENT TITLE

\_\_\_\_\_  
DATE

NOTARY SEAL:

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS, THE DAY OF

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC COMMISSION EXPIRATION