

SECURITY IMMIGRATION & COMPLIANCE AFFIDAVIT (E-VERIFY)

Complete as directed. Scan signed document and save pdf as **Agency Name.SECIM**

Applicant*:

Program.:

*Record full legal name of entity/agency/organization/institution.

SECURITY AND IMMIGRATION COMPLIANCE AFFIDAVIT Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned Contractor 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 on behalf of the **Georgia Department of Human Services** 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:

[Insert Authorization #]

Federal Work Authorization User Identification Number

This is a 4, 5, or 6-digit number, also known as eVerify Company ID. Not Tax ID or SS Number.

[Insert Authorization Date]

Date of Authorization: *This is the date the Company ID# above was issued by the Federal eVerify system.*

[Insert legal name of Applicant]

Name of Contractor

ABC YXZ

Name of Program

Georgia Department of Human Services

Name of Public Employer

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

Executed on **[Insert month and date]**, 20**##** in **[Insert city/town]**, GA.

Month and date

City

Signature of Authorized Officer

[Insert name and title]

*Name and Title of Authorized Officer**

**Name and title of authorized individual MUST be consistent with identification of signing officer reported on Cover, Section 2 and authorized by the non-profit Corporate Resolution or public entity Authorization documents.*

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE **[Insert date]** DAY OF **[Insert month]**, 20**##**.

Signature of Notary Public

[Insert Notary Expiration Date]

Date Commission Expires

Affix notary seal here