



CONTRACTOR/ SUBCONTRACTOR SECURITY AND IMMIGRATION COMPLIANCE AFFIDAVIT

I. Contractor / Subcontractor Identification:

Name:
Address:
Phone:
Email:
EEV/E-Verify™ Company Identification Number:
Date of Authorization

2. If you are a Subcontractor, please provide the name of the Contractor you work for:

3. Please provide the name or bid number of the project for which services are provided to Kennesaw State University:

4. We use E-Verify and hereby certify our compliance. The undersigned contractor or subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation providing services directly or indirectly to Kennesaw State University has registered with, is authorized to use, uses and will continue to use the federal work authorization program commonly known as E-Verify, or any subsequent replacement program for the duration of this contract or until June 30, 201__, whichever is longer; and, that the undersigned will only further subcontract for the performance of services to Kennesaw State University with subcontractors who also present an affidavit pursuant to O.C.G.A. § 13-10- 91(b); and, that its federal work authorization user identification number and date of authorization are accurately listed above.

I certify that the foregoing statements are true and correct to the best of my knowledge: Executed on ____/____/201__, 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 ____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires