



PUTNAM
COUNTY CHARTER SCHOOL SYSTEM

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Dear Vendor:

Based on the "Illegal Immigration Reform and Enforcement Act", House Bill 87, we, as public employers are required to obtain an affidavit verifying that all vendors hired to provide "Physical Performance of Services" were using E-Verify. For vendors with no employees, we are required to obtain a copy of the vendor's driver license or state issued ID card to verify that the license was issued in a state that verifies lawful immigration.

In addition, effective July 1, 2013, Senate Bill 160 was passed and the definition of "Physical Performance of Services" was revised to mean to the following:

"Any performance of labor or services for a public employer using a bidding process or by contract wherein the labor or services exceed \$2,499.99..."

Therefore, our system has determined that we need a completed affidavit or driver license copy (*whichever applies*) from your company.

Please complete and sign the enclosed "Contractor Affidavit" and return via email to randy_pate@putnam.k12.ga.us or fax (706) 485-7651.

Thank you,

Coretta C. Harris

Coretta C. Harris
Finance Director



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 **PUTNAM COUNTY BOARD OF EDUCATION** 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:

Federal Work Authorization User Identification Number Date of Authorization

Name of Contractor Name of Project

Name of Public Employer

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

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 THE _____ DAY OF _____, 201__ My Commission Expires:

NOTARY PUBLIC