UPSON COUNTY BOARD OF COMMISSIONERS
106 EAST LEE STREET, SUITE 110
THOMASTON, GA 30286
(706) 647-7012

Rusty Blackston - Chairman
Lorenzo Wilder – District 1
Steve Hudson – District 2
Ralph Ellington – District 3
Frank Spraggins – District 4

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 Upson County 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

UPSON COUNTY
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____ , _____ , 201 ____ in _____ , _____ .
(Month) (Day) (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____.

_____
NOTARY PUBLIC
My Commission Expires: _____