



Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

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**ATTACHMENT I**  
**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 seeks to bid or sign a contract for the performance of labor or services on behalf of the Georgia Department of Public Health, 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 performance of labor or 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.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ Signature of Authorized Officer or Agent

\_\_\_\_\_ Printed Name and Title of Authorized Officer or Agent

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
NOTARY PUBLIC