To All Prospective Contractors/Vendors:

Georgia law \(^1\) generally requires contractors who provide services to Kennesaw State University to furnish a notarized affidavit that they and their subcontractors use a federal work authorization program such as E-Verify \(^2\). **The Contractor E-Verify number must be a number between 4 and 6 digits.** If you are bidding on a contract for Kennesaw State University, **your bid cannot be considered until you submit your affidavit(s).** Accordingly, **you and your subcontractors must execute this affidavit unless you are exempt from this requirement.**

**NOTE:** The E-Verify number is **NOT** the same as the Federal Employer Identification Number OR your E-Verify log-in id. If you need to register for the program or have registered but don’t know your E-Verify identification number or date of authorization, information is available on the Department of Homeland Security website: [http://www.dhs.gov/e-verify](http://www.dhs.gov/e-verify).

An E-Verify affidavit is **not** required if:

a. The contract is for goods only, and not for services.

b. The contract is for less than $2,500 and was not subject to a bidding process.

c. The contractor/subcontractor is a professional licensed pursuant to Titles 26 or 43 of the Georgia Code \(^3\) or by the State Bar of Georgia.

d. The contractor/subcontractor has no employees and does not intend to hire employees for purposes of providing services to Kennesaw State University. **HOWEVER,** such contractors or subcontractors must submit a copy of their state issued driver’s license or identification card in lieu of the affidavit. In addition, if you later need to hire employees to provide the services under the contract, then you will need to submit the attached affidavit.

e. The services will be performed outside of the United States.

f. The services will be performed in the United States by a visiting foreign national who is not eligible to be listed in E-Verify. **HOWEVER,** such contractors or subcontractors must provide proof that they hold an appropriate visa authorizing them to provide the services pursuant to the contract.

g. The contractor is providing services pursuant to a statewide contract through DOAS (in which case DOAS is responsible for obtaining the affidavit).

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\(^1\) [O.C.G.A. 13-10-90 & 91](http://www.lexisnexis.com/hottopics/gacode/)

\(^2\) [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify)

\(^3\) [http://www.lexisnexis.com/hottopics/gacode/](http://www.lexisnexis.com/hottopics/gacode/)
CONTRACTOR / SUBCONTRACTOR SECURITY AND IMMIGRATION COMPLIANCE
AFFIDAVIT

1. 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, 2022, 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 ______/_____/202_, 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 202_.

   ____________ DAY OF ____________,

   __________________________
   NOTARY PUBLIC

   __________________________
   My Commission Expires