**RE: Security and Immigration Compliance – Purchase of Services $2,499.99 or More**

Dear Sir or Madam:

Effective July 1, 2013, DHS, among other public employers in Georgia, is required to ensure that its Contractors comply with the provisions of Title 13, Chapter 10, Article 3 titled Security and Immigration Compliance. See Senate Bill 160 at http://www.legis.ga.gov/Legislation/en-US/display/20132014/SB/160.

Accordingly, DHS is required to obtain the notarized sworn affidavit herein provided for purchases of services through Purchase Orders (POs), Purchasing Cards (PCards) and Statewide Contracts which

to my attention at the address on the letterhead. The Subcontractor and Sub-subcontractor Affidavits to be used by you as the Contractor, if applicable, can also be found at <http://www.audits.ga.gov/NALGAD/section_3_affidavits.html>. Do not return the Subcontractor and Sub-subcontractor Affidavits to me.

If you are an individual or Contractor claiming an exemption from the requirements of Title 13, Chapter 10, Article 3, please indicate below and return this letter to my attention.

In the event you, as a Contractor have more than one (1) contract with a State Entity, you must complete a Contractor Affidavit for each contract.

Please return the required documents immediately to permit DHS to report compliance in a timely manner. Questions concerning compliance with or exemption from Title 13, Chapter 10, Article 3 must be directed to your legal advisor. We appreciate your prompt consideration of this matter.

Please visit the Immigration Services website at **USCIS.gov** to create your account and receive your system generated E-Verify Number (4 to 7 digits, no letters). This website also provides contact information and additional reporting requirements.

Respectfully,

**Security and Immigration Compliance Affidavits**

**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 the Georgia Department of Human Services 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 (This is NOT your SS# or EIN#) This will be a system generated 4 to 7 digit number – No Letters.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Authorization (this is the date you signed with Dept of Homeland Security)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of Contractor (Legal Name of Vendor-Business)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Project (this should be Drug Screens, Parent Aide, Homestead, Janitorial, Lawn Service, etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Public Employer

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

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 THE ­­­\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_,202\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_