

## FEDERAL WORK AUTHORIZATION PROGRAM AFFIDAVIT

By executing this affidavit, the undersigned contractor verifies its compliance with the Official Code of Georgia Annotated (O.C.G.A.) 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with Harris County has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United State Department of Homeland Security or any equivalent federal work authorization program operation by the United State Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to an award of contract with Harris County, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to Harris County at the time the subcontractor(s) is retained to perform such service.

Water Works Admin Building RFQ 2020  
Project/Contract Name

\_\_\_\_\_  
Contractor Firm Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
EEV / Basic Pilot Program\* User ID Number  
[If NO EMPLOYEES, you must provide legible copy of State issued Photo ID (like a Driver's License)]

\_\_\_\_\_  
Date of Authorization from EEV / Basic Pilot Program

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

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

\_\_\_\_\_  
Title of Authorized Officer or Agent

\_\_\_\_\_  
Date Signed

Sworn to and Subscribed before me on this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

(seal)

\*as of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the EEV / Basic Pilot Program operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security in conjunction with the Social Security Administration (SSA).