



# Lumpkin County, Georgia

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## Finance Department

Dear Vendor:

Thank you for your interest in doing business with Lumpkin County. Lumpkin County's Finance and Purchasing Department provides procurement for 26 county departments. This application process will allow us to compile a comprehensive vendor list that will aid us in disseminating bid information that our county has to offer.

To complete the vendor application process, complete and return the attached Vendor Application, complete with commodity code(s), and a W-9, Request for Taxpayer Identification and Certification.

Your taxpayer identification number is either your Social Security or Employer Identification Number. Lumpkin County is required by law to have documentation of your correct taxpayer identification number on file. Based upon Internal Revenue Service (IRS) regulations, failure to provide your correct taxpayer identification number to Lumpkin County will result in 28% being withheld from payments to you or your company. The amount withheld would then be deposited with the Internal Revenue Service (IRS).

Lumpkin County remits payment according to invoice terms. Checks are printed and mailed once a week unless other arrangements are made.

If you have any questions or need more information, please feel free to contact us at the information provided below.

Respectfully,

C. Allison Martin  
Finance Director  
(706) 482-2550  
[allison.martin@lumpkincounty.gov](mailto:allison.martin@lumpkincounty.gov)

Jodi Ligon  
Purchasing Agent  
(706) 482-2554  
[jodi.ligon@lumpkincounty.gov](mailto:jodi.ligon@lumpkincounty.gov)

# VENDOR APPLICATION

## LUMPKIN COUNTY, GEORGIA PURCHASING DEPARTMENT

99 Courthouse Hill, Suite D  
Dahlonega, GA 30533

Telephone: (706) 482-2554  
Fax: (706) 482-2201  
e-mail: [jodi.ligon@lumpkincounty.gov](mailto:jodi.ligon@lumpkincounty.gov)

New Applicant     Name and/or Address Change     Add Commodities     Delete Commodities

NAME (COMPLETE NAME OF BUSINESS AS APPEARS ON (W-9))		FEDERAL ID# OR SOCIAL SECURITY #
MAILING ADDRESS (STREET):		REMITTANCE ADDRESS:
CITY, STATE		ZIP CODE:
TELEPHONE NUMBER:	BILLING CONTACT:	FAX NUMBER:
NAME OF REPRESENTATIVE(S) SERVING LUMPKIN COUNTY		
CAN WE REQUEST QUOTES VIA E-MAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE INDICATE E-MAIL ADDRESS:		
TYPE OF BUSINESS OR ORGANIZATION (CHECK)		LENGTH OF TIME IN PRESENT BUSINESS (NUMBER OF YEARS):
<input type="checkbox"/> DEALER <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> FACTORY REP <input type="checkbox"/> JOBBER <input type="checkbox"/> RETAILER <input type="checkbox"/> COMMODITY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INCORPORATED <input type="checkbox"/> MINORITY <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> OTHER _____		_____
NAME OF OFFICERS, OWNER, OR PARTNERS OF BUSINESS:		
PRESIDENT _____		VICE-PRESIDENT _____
SECRETARY _____		TREASURER _____
OWNERS/PARTNERS _____		
DISTRIBUTION (LOCATION OF NEAREST PLANT/WAREHOUSES)		INVOICING TERMS (I.E. NET 30 DAYS, ETC):
_____		_____
<b>ATTN: ALL ITEMS FOR LUMPKIN COUNTY MUST BE QUOTED F.O.B. DESTINATION</b>		
NAME AND TITLE OF PERSONS AUTHORIZED TO SIGN BIDS. THE LIST MUST BE KEPT CURRENT.		
_____		TITLE _____
_____		TITLE _____
_____		TITLE _____
<b>PLEASE INDICATE ON THE ATTACHED LIST OF COMMODITIES/SERVICES FOR WHICH YOUR COMPANY IS INTERESTED IN SUBMITTING QUOTES, BIDS, AND PROPOSALS.</b>		
IT WILL BE THE RESPONSIBILITY OF EACH BIDDER TO NOTIFY LUMPKIN COUNTY OF ADDRESS OR TELEPHONE NUMBER CHANGES. PLEASE SEND CHANGES AND THIS COMPLETED FORM TO:		
LUMPKIN COUNTY – PURCHASING 99 COURTHOUSE HILL, SUITE D DAHLONEGA, GA 30533		
I Certify that the foregoing information is a full, true, and correct statement of facts. I understand that my failure to respond to three (3) Bid Invitations of any one class will result in Lumpkin County Purchasing's discontinuance in sending future bid invitations on that particular commodity.		
SIGNATURE	TITLE	DATE
_____	_____	_____

**A purchase order is required for all transactions over \$150.00 unless covered by a contract or agreement signed by the Lumpkin County Board of Commissioners.**

## COMMODITY CODES TO BE USED FOR VENDOR REGISTRATION

010	ACOUSTICAL TILE/INSULATION/INSULATING MATERIALS/SUPPLIES/NEW	765	HEAVY EQUIPMENT/REPAIR PARTS/ACCESSORIES
020	AGRICULTURAL IMPLEMENTS/ACCESSORIES AND PARTS	460	HOSE/ALL KINDS (EXCEPT AUTOMOTIVE AND FIRE)
030	AIR CONDITIONING EQUIPMENT AND ACCESSORIES	475	HOSPITAL SUPPLIES
045	APPLIANCES AND EQUIPMENT/HOUSEHOLD	080	ID AND PROMOTION IMPLEMENTS AND MATERIALS
050	ARTS AND CRAFTS	477	INSURANCE
880	AUDIO-VISUAL EDUCATION EQUIPMENT AND SUPPLIES (EXCEPT PROJECTION LAMPS)	480	INTERCOM/HI-FI/PA SYSTEMS/ELECTRONIC COMPONENTS
055	AUTOMOBILE AND TRUCK ACCESSORIES	485	JANITOR SUPPLIES/GENERAL LINE
060	AUTOMOBILE AND TRUCK MAINTENANCE ITEMS AND REPLACEMENT PARTS	515	LAWN EQUIPMENT
065	AUTOMOTIVE BODIES AND SPECIAL BODY ACCESSORIES FOR TRUCKS (EXCEPT SCHOOL BUSES)	525	LIBRARY MACHINES AND SUPPLIES
070	AUTOMOTIVE MAJOR TRANSPORTATION EQUIPMENT	535	LUMBER/TREATED
075	AUTOMOTIVE SHOP EQUIPMENT AND SUPPLIES	540	LUMBER/WOOD PRODUCTS/SHEETROCK/BUILDING
085	BAGS/BAGGING/TIES	545	MACHINERY AND HEAVY HARDWARE
100	BARRELS/DRUMS/KEGS/CRATES/PAIL TYPE CONTAINERS	550	MARKERS/PLAQUES/SIGNS/TRAFFIC CONTROL DEVICES
110	BELTS AND BELTING/POWER TRANSMISSION/CONVEY	555	MARKING DEVICES/STENCIL/SUPPLIES
120	BOATS/ENGINES/MARINE SUPPLIES	560	MATERIAL HANDLING EQUIPMENT
150	BUILDERS SUPPLIES AND MATERIAL	570	METALS/ALL TYPES
155	BUILDINGS AND STRUCTURES/FABRICATED	575	MICROFILM/MICROFICHE/MICROFILMING EQUIP/SUPPLIES
170	CASTERS AND GLIDES	585	NAILS AND WIRE PRODUCTS (EXCEPT WIRE ROPE)
190	CHEMICALS/COMMERCIAL(NOT OTHERWISE CLASSIFIED)	645	OFFICE AND PRINT SHOP PAPERS/FILE FOLDERS/BLANK BOOKS/STANDARD FORMS
200	CLOTHING AND APPAREL	600	OFFICE MACHINES/EQUIPMENT/ACCESSORIES
025	COMPRESSORS AND ACCESSORIES	610	OFFICE SUPPLIES/CARBON PAPER/RIBBONS/MASTERS
252	COMPUTER SOFTWARE	618	OFFICE SUPPLIES/MISCELLANEOUS
765	CONCRETE & ASPHALT HANDLING & PROCESSING EQUIPMENT	635	PAINT SPRAYING EQUIPMENT AND ACCESSORIES
210	CONCRETE PRODUCTS AND SUPPLIES	630	PAINT/PROTECTIVE COATINGS/VARNISH/WALLPAPER/RELATED ITEMS
220	CONTROLLING/INDICATING & RECORDING INSTRUMENTS & SUPPLIES	640	PAPER/PLASTIC/SYNTHETIC PRODUCTS/DISPOSABLE
225	COOLERS/WATER	650	PARK/PLAYGROUND/RECREATIONAL EQUIPMENT
015	COPYING/DUPLICATING AND ADDRESSING MACHINE CHEMICALS & SUPPLIES	655	PHOTOGRAPHIC EQUIPMENT/SUPPLIES/SERVICES
235	CULVERTS AND PIPE/CORRUGATED METAL	670	PLUMBING EQUIPMENT/FIXTURES/SUPPLIES
240	CUTLERY/DISHES/FLATWARE/GLASSWARE/TRAYS/UTENSILS/AND SUPPLIES	675	POISONS/AGRICULTURAL/INDUSTRIAL
250	DATA PROCESSING EQUIPMENT/SYSTEMS AND SUPPLIES	680	POLICE/CORRECTIONAL EQUIPMENT AND SUPPLIES
004	DEVELOPMENTAL CONTRACTS	691	PRINTING CLASS I/ GENERAL
265	DRAPERIES/CURTAINS AND UPHOLSTERY	692	PRINTING CLASS II/ SPECIALTY
277	DRUGS/MISCELLANEOUS	695	PRINTING CLASS V/ BOOKLETS/ PAMPHLETS MAGAZINES
287	ELECTRICAL AND ELECTRONIC TESTING AND ANALYZING EQUIPMENT	696	PRINTING CLASS VI/ PROCESS COLOR WORK
280	ELECTRICAL CABLES AND WIRES	697	PRINTING CLASS VII/ ENGRAVED/EMBOSSSED/THERMOGRAVED
285	ELECTRICAL EQUIPMENT AND SUPPLIES (EXCEPT CABLES AND WIRES)	698	PRINTING CLASS VIII/ SILK SCREEN
290	ELECTROPLATING AND METALLIZING EQUIPMENT AND SUPPLIES	720	PUMPS/PUMP ACCESSORIES (EXCEPT LABORATORY/HOSPITAL/REFRIGERATION/TIRE
295	ELEVATORS/BUILDING TYPE	908	QUALITY TRAINING/ALL EMPLOYEES
300	ENERGY CONSERVATION MATERIALS/CONTROL DEVICES AND SYSTEMS	906	QUALITY TRAINING/MIDDLE MANAGEMENT DEVELOPMENT
305	ENGINEERING/SURVEYING/BLUEPRINTING/MAPPING EQUIPMENT/INSTRUMENTS AND	905	QUALITY TRAINING/SENIOR MANAGEMENT DEVELOPMENT
310	ENVELOPES	725	RADIO AND TELECOMMUNICATIONS EQUIPMENT AND ACCESSORIES
312	ENVIRONMENTAL PROTECTION/POLLUTION CONTROL EQUIPMENT/SUPPLIES	565	RECYCLING EQUIPMENT/ALL TYPES (EXCEPT LABORATORY)
320	FASTENERS/FASTENING DEVICES/PACKAGE STITCHING/STRAPPING/TYING	740	REFRIGERATION EQUIPMENT/ACCESSORIES/SUPPLIES
325	FEED AND BEDDING/ANIMAL/FISH AND FOWL	745	ROAD AND HIGHWAY BUILDING MATERIALS (ASPHALTIC)
330	FENCING	750	ROAD AND HIGHWAY BUILDING MATERIALS (NOT ASPHALT)
337	FINANCING	770	ROOFING (EXCEPT WOOD)
340	FIRE PROTECTION SUPPLIES	773	SAFETY EQUIPMENT/PROTECTIVE CLOTHING/INDIVIDUAL AND SHOP (SEE ALSO
345	FIRST AID AND SAFETY EQUIP. (Except WELDING & NUCLEAR)	780	SCALES AND WEIGHING APPARATUS
350	FLAGS/FLAGPOLES/BANNERS/ACCESSORIES (EXCLUDES CUSTOM SILK SCREEN	790	SEED/SOD/SOIL/INOCULANTS
360	FLOOR COVERING/FABRIC AND MOLDED (ALL TYPES)	800	SHOES AND BOOTS
365	FLOOR MAINTENANCE MACHINES	805	SPORTING AND ATHLETIC GOODS
385	FOOD/PREPARED/READY TO EAT (CONVENIENCE)	810	SPRAYING EQUIPMENT (EXCEPT HOUSEHOLD AND PAINT)
		830	TANKS/METAL/WOOD/SYNTHETIC MATERIALS/MOBILE/PORTABLE/STATIONARY
		835	TARPAULINS AND TENTS
		837	TEACHING APPARATUS/KITS/DEMONSTRATION UNITS/EQUIPMENT/SUPPLIES
		730	TELECOMMUNICATIONS SYSTEMS/EQUIPMENT & ACCESSORIES
		840	TELEVISION EQUIPMENT AND ACCESSORIES
		845	TESTING APPARATUS/INSTRUMENTS/AND MACHINES
		863	TIRES/TUBES/VALVE STEMS

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
  - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
  - I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**SAVE Affidavit**  
**LUMPKIN COUNTY BOARD OF COMMISSIONERS**  
**(Systematic Alien Verification for Entitlements)**

**Affidavit for a Public Benefit as required by the Georgia Security and Immigration Compliance Act**

By executing this affidavit under oath, as an applicant for a public benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. § 50-36-1), I am stating the following:

- \_\_\_\_\_ **I am a United States citizen; or**
- \_\_\_\_\_ **I am a legal permanent resident of the United States\*; or**
- \_\_\_\_\_ **I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\***

\*Alien registration number for non-citizens issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

*Document for identification purposes must be provided. See list on page 2 of this document.*

\*\*\*\*\*  
\*\*\*\*\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
**Applying on behalf/Name of associated business**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.**

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

\*NOTE: O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number.

**SECURE AND VERIFIABLE DOCUMENTS UNDER O.C.G.A. §50-36-2**

[Issued August 1, 2011 by the Office of the Attorney General, Georgia]

The following list of secure and verifiable documents, published under the authority of O.C.G.A. §50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

**INDICATE AND ATTACH A COPY OF THE DOCUMENT (front and back).**

- United States passport or passport card
- United States military identification card
- Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- Driver's license issued by one of the United States, the District of Columbia, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth gender, height, eye color, and address to enable the identification of the bearer.
- Identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth gender, height, eye color, and address to enable the identification of the bearer.
- Tribal identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth gender, height, eye color, and address to enable the identification of the bearer.
- Passport issued by a foreign government
- Free and Secure Trade (FAST) card
- NEXUS card
- United States Permanent Resident Card or Alien Registration Receipt Card
- Employment Authorization Document that contains a photograph of the bearer.
- Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) [Form N-560 or Form N-561]
- Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) [Form N-550 or Form N-570]



**E-Verify Affidavit**

**Appendix C**

*Georgia Security & Immigration Compliance (GSIC) Act*  
**(CONTRACTOR) E-VERIFY AFFIDAVIT AND AGREEMENT**

The Lumpkin County Board of Commissioners and Contractor agree that compliance with the requirements of O.C.G.A. §13-10-91 and Rule 300-10-1-.02 of the Rules of the Georgia Department of Labor are conditions of this Agreement for the physical performance of services.

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 contracting with the Lumpkin County Board of Commissioners has registered with and is participating the federal work authorization program known as "E-Verify", web address <https://e-verify.uscis.gov/enroll/> operated by the United States Citizenship and Immigration Services Bureau of the United States 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 Contractor also verifies that he/she/it is using and will continue to use the federal work authorization program throughout the contract period.

The undersigned Contractor agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to the contract with the Lumpkin County Board of Commissioners, 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 the Contractor will advise the Lumpkin County Board of Commissioners of the hiring a new subcontractor and will provide Lumpkin County Board of Commissioners with a Subcontractor Affidavit attesting to the Subcontractor's name, address, user identification number, and date of authorization to use the Federal Work Authorization Program within five (5) days of the hiring before the Subcontractor begins working on the Project. Contractor also agrees to maintain all records of such compliance for inspection by Lumpkin County Board of Commissioners at any time and to provide a copy of each such verification to the Lumpkin County Board of Commissioners at the time the subcontractor(s) is retained to perform such services.

\_\_\_\_\_  
E-Verify Employment Eligibility Verification User Identification Number

\_\_\_\_\_  
Date of Authorization to Use Federal Work Authorization Program

\_\_\_\_\_  
NAME OF CONTRACTOR

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

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

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

*\* 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). Authority O.C.G.A. Sec. §13-10-91. History: Original Rule entitled "Contractor Affidavit and Agreement" adopted. F. May 25, 2007; eff. June 18, 2007, as specified by the Agency.*



**Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize 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. § 13-10-90.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

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

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ 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 \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_