

SUBCONTRACTOR'S E-VERIFY REGISTRATION AFFIDAVIT

I, _____, am the owner or authorized representative of the business entity shown below. I hereby acknowledge on behalf of my business or business entity that I am aware of the requirement in section 448.095(2)(a), Florida Statutes, that every private employer with more than 25 employees and every public employer, contractor, and subcontractor must be registered with and use the E-Verify system to verify the work authorization status of all newly hired employees.

Business or Business Entity Legal Name: _____

Business or Business Entity Legal Address: _____

Business or Business Entity Taxpayer Identification Number: _____

I hereby certify that my business or business entity:

Is registered the United States Department of Homeland Security's (DHS) E-Verify system (<https://www.e-verify.gov/>) to verify the employment eligibility of each new employee hired within three (3) business days after the employee begins working for pay, as required by 8 C.F.R s. 274a for contract\agreement eligibility purposes,.

Will certify compliance on the first unemployment tax return submitted to the Department of Economic Opportunity, as required by section 448.095(3), Florida Statutes.

Does not hire and agrees not to hire employees who are not authorized to be employed in the United States pursuant to 8 U.S.C. s. 1324a(h)(3).

By signing this affidavit, I agree to maintain an active E-Verify registration and that I will notify the Contract Manager within ten (10) calendar days of any change in business entity status as an employer. I further acknowledge that the failure to comply with section 448.095, Florida Statutes, can result in fines of \$1,000 per day, prohibit my business from entering into any contracts with a government entity in the State of Florida for a period of 1-year, suspension or revocation of any business or professional license issued to my business by any agency of the State of Florida and the immediate termination of my contract.

I HEREBY AFFIRM AND VERIFY THAT THE FOREGOING IS TRUE AND CORRECT.

Sole Proprietor/Authorized Representative

Printed Name

STATE OF _____

COUNTY OF _____

Sworn to (or Affirmed) and Subscribed Before Me By

Means of Physical Presence or Online Notarization

this _____ day of _____, 202___,

by _____, Who

Is Personally Known to Me or Produced Identification.

Type of Identification Produced: _____

Signature of Notary Public

Printed Name of Notary Public Administering Oath Pursuant to §117.10, Florida Statutes