

**SUB-SUBCONTRACTOR AFFIDAVIT UNDER O.C.G.A. § 13-10-91(b)(4)**

By executing this affidavit, the undersigned sub-subcontractor 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 under a contract for \_\_\_\_\_ and RA-LIN and Associates, Inc. on behalf of \_\_\_\_\_ has registered with, is authorized to use and \_\_\_\_\_

(Subcontractor or Sub-Subcontractor listed on Contract)

(Owner Name)

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 sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to \_\_\_\_\_.

(Subcontractor or Sub-Subcontractor listed on Contract)

Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to \_\_\_\_\_. Sub-subcontractor hereby attests that \_\_\_\_\_

(Subcontractor or Sub-Subcontractor listed on Contract)

its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User ID Number

\_\_\_\_\_  
Date ID Number Assigned

\_\_\_\_\_  
Sub-Subcontractor Company Name

\_\_\_\_\_  
Project Name

\_\_\_\_\_  
Owner Name

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 201\_\_ in \_\_\_\_\_, \_\_\_\_\_ State  
Day Month City

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

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

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_

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

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

This affidavit must be completed and returned within five business days of receipt to RA-LIN and Associates, Inc., 101 Parkwood Circle, Carrollton, GA 30117, Attn: Jill Colwell.