

**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  
(Subcontractor or Sub-Subcontractor listed on Contract)

RA-LIN and Associates, Inc. on behalf of \_\_\_\_\_ has registered with, is  
(Owner Name)  
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 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 of Authorization (ID Assigned)
_____	
Name of Sub-Subcontractor	
_____	_____
Name of Project	Name of Public Employer (Owner Name)

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

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

\_\_\_\_\_  
Signature of Authorized Sub-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: \_\_\_\_\_