## AFFIDAVIT-NO EMPLOYEES PURSUANT TO O.C.G.A. § 13-10-91

The undersigned, in connect with a potential or proposed contract for the physical performance of service in the State of Georgia (the "Contract"), hereby affirms and certifies under penalties of perjury that:

- (a) I am a sole proprietor.
- (b) I do not employ any other persons.
- (c) I do not intend to hire any employees to perform the Contract.
- (d) A true, correct and complete copy of my driver's license, issued by a state that verifies lawful immigration prior to issuance, is attached hereto.
- (e) If at any time hereafter I determine that I will need to hire employees to satisfy or complete the physical performance of services under the Contract, *before* hiring any employees, I will:
  - (i) immediately notify the Client and all higher tier contractors (if any) in writing; and
  - (ii) register with, participate in and use a federal work authorization program operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated 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, P.I. 99-603 in accordance with the applicability provisions and deadlines establish in the O.C.G.A § 13-10-90; or
- (f) \_\_\_\_\_ (initial) I am an exempt professional pursuant to O.C.G.A Titles 26 and 43 registered with the GA Secretary of State and I will perform the services.

  Name of Contractor

  Name of Project

  Clayton County Board of Education
  Name of Public Employer

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

  Executed on \_\_\_\_\_\_, \_\_\_\_, 20\_\_\_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 20	DAY OF
NOTARY PUBLIC	
My Commission Expires:	