

NEW
VENDOR
PACKET

SEND INFORMATION AND
DOCUMENTATION TO:

Pgryczkowski@sumtercountyga.us

Please use this link to fill out the W9 form:

<https://www.irs.gov>

- Type “W9 form” in the search box
- Fill out the form
- Save and attach to the e-mail with the other required documentation

Other Business Entity documentation:

- Licenses as required by State, Federal, and Local laws or as deemed reasonably necessary which is the discretion of the County; and
- Certifications; and
- Proof of registration with the State; and
- Proof of insurance

GEORGIA SECURITY & IMMIGRATION COMPLIANCE ACT

CONTRACTOR AFFIDAVIT & AGREEMENT PURSUANT TO O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned (hereafter "Contractor") 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 on behalf of Sumter County, Georgia, a political subdivision of the State of Georgia, has registered with, is 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 Contractor agrees that it will continue to use the federal work authorization program throughout the contract period and will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor further agrees to maintain records of such compliance and to provide a copy of each such verification to Sumter County at the time the subcontractor is retained to perform such service and in no event later than five business days after Contractor's receipt.

Under penalty of perjury, Contractor attests that the foregoing is true and that its federal work authorization user identification number and date of authorization are as stated below.

Federal Work Authorization
User Identification Number

Date of Authorization for Federal Work
Authorization User Identification Number

Name of Contractor

Signature of Authorized Officer or Agent

Name of County Project

Printed Name of Authorized Officer or Agent

Date Affidavit Executed

Title of Authorized Officer or Agent

Subscribed and sworn before me on this ____
day of _____, 20____ in
_____[city], _____[state].

[NOTARY SEAL]

NOTARY PUBLIC

My Commission Expires _____

NOTE: A contractor or subcontractor who has no employees and does not hire or intend to hire employees for satisfying or completing the terms and conditions of any part or all of the original contract with the County shall instead provide a copy of the state issued driver's license or state issued identification card and a copy of the state issued driver's license or identification card of each independent contractor utilized in the satisfaction of any part or all of the original contract with the County. The driver's license or identification card shall only be accepted in lieu of an affidavit if it is issued by a state within the United States that verifies lawful immigration status prior to issuing a driver's license or identification card. If a contractor or subcontractor later determines that he or she will need to hire employees to satisfy or complete the physical performance of services under an applicable contract, he or she shall first comply with the affidavit requirements of O.C.G.A. § 13-10-91(b)(5).

Updated 12/15/14

ACKNOWLEDGEMENT OF WORKER'S COMPENSATION

I, _____, acknowledge the laws required for
worker's compensation for my employees in the State of Georgia.

I, _____, am in full compliance with the State
of Georgia laws regarding worker's compensation.

I, _____, **AM / AM NOT** (circle one) required to
have worker's compensation for my employees.

I, _____, **HAVE / HAVE NOT** (circle one)
attached proof of insurance for worker's compensation.

Further, Affiant sayeth not.

Under seal this ____ day of _____, 20____.

BY:

Printed Name: _____
Title: _____
Contractor: _____
Address: _____

Phone: _____
Email: _____

Sworn to and subscribed before me
this ____ day of _____, 20____

Notary Public

My commission expires: