



IMMIGRATION STATUS AFFIDAVIT

Vendor agrees that it shall confirm the employment eligibility of all employees through participation in E-Verify or an employment eligibility program approved by the Social Security Administration and will require same requirement to confirm employment eligibility of all subcontractors. Vendor acknowledges and certifies that any person assigned to perform services hereunder meets the employment eligibility program requirements of the State of Florida and the United States of America.

I certify that the company shown below is in compliance and that I am authorized to sign on its behalf.

Business Name: _____
Business Address: _____
Phone Number: _____ **Fax Number:** _____
Email: _____

I, _____ (print name), the _____ (title) of _____ (firm name) swear or affirm that all the information on this affidavit is true, and that I am authorized to complete this affidavit on behalf of the firm.

Signature: _____ **Date:** _____

Notary

The foregoing affidavit was subscribed and sworn to before me on this _____ day of _____, 20_____.

SEAL

Notary Public: _____

Commission Expires: _____