

E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

- Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
- Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S.
 Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

E-Verify Company Identification Number	1600289
Date of Authorization	10-22-20
Name of Contractor	
Name of Project	
Solicitation Number (If Applicable)	
I hereby declare under penalty of perjury that the foregoing is true and correct.	
Executed on October , 22, 2020 in Sant Lucie (city), FL (state).	
Signature of Authorized Officer Printed Name and Title of Authorized Officer or Agent	
SUBSCRIBED AND SWORN BEFORE ME	
ON THIS THE 22nd DAY OF OCTOBER NOTARY PUBLIC Listance Pasa	LISLANDE PASCAL Notary Public - State of Florida Commission # GG 195870 My Comm. Expires Mar 13, 2022
My Commission Expires: No. 13 20	7.7