

**Request for Qualifications No. 16-011
PEACH COUNTY
GEORGIA**

**Anna Lumpkin Auditorium Audio-Video Consulting and Design
700 Spruce Street Fort Valley, GA 31030**

PURPOSE:

The PEACH COUNTY BOARD OF COMMISSIONERS is soliciting a statement of qualifications from companies to provide Audio and Video consulting and design for the Anna Lumpkin Auditorium.

By issuing this Request for Qualifications (RFQ), Peach County is requesting a statement of qualifications (hereafter referred to as a "response") for Audio and Video consulting and design services for the Anna Lumpkin Auditorium (RFQ #16-011). Instructions for preparation and submission of a response are contained in this packet. Responses must be typed or printed in ink.

Responses will be received in the Peach County Board of Commissioners Office, 213 Persons Street, Fort Valley, Georgia 31030, until December 29, 2015 at 2:30 p.m. local time. At that time responses shall be opened in public to verify completeness. Responses will not be made public until prequalified consultant(s) are established by the Peach County Board of Commissioners.

INTENT:

The Peach County Board of Commissioners intends to qualify one or more consultants for Audio and Video consulting and design services to a firm or firms who have extensive experience in this field. Peach County strongly encourages creative approaches.

ADDITIONAL INFORMATION / ADDENDA

The County reserves the right to amend this RFQ. Any changes to the RFQ will be communicated via Peach County web site. It is the responders' responsibility to check for any addenda issued for this RFQ prior to submitting the response.

Respondents that are planning to respond to this RFQ are asked to contact the Purchasing Manager to submit their contact information for a responders list.

All questions concerning this invitation and all questions arising before the evaluation of responses are to be addressed to the Purchasing Manager at the following mailing address, email address, or fax number:

Peach County Board of Commissioners Office
Attn. Clarice Davis, Purchasing Manager
213 Persons Street, Fort Valley, GA 31030
Clarice-davis@peachcounty.net
Fax: (478) 825-2678
Phone: (478) 825-8717

To maintain a "level playing field", and to assure that all respondents receive the same information, respondents are requested to NOT contact anyone other than the contact above

until after the list of prequalified consultants is established by the Peach County Board of Commissioners.

The County will recognize only communications which are in writing and signed. The County shall not be responsible for oral interpretations given by any County employee, representative, or others. The issuance of addenda is the only official method whereby interpretation, clarification, or additional information can be given.

All questions or requests for additional information must be received five (5) days prior to the RFQ closing to allow ample time to post any addenda or changes if necessary. The County will provide written answers to all questions it receives, and will distribute those answers to all respondents who have received a RFQ package and submitted their contact information to the Peach County Purchasing Department and addenda posted on the Peach County Web Site.

Respondents should check with the Purchasing Office or the Peach County website frequently during the process to verify that they have received all issued addendums. Respondents have the responsibility of making sure that they have received all issued addendums. Addendums are posted on the website at www.peachcounty.net

RESPONSE SUBMITTAL

Responses shall clearly indicate the legal name, address, e-mail address, and business telephone number of the Respondent (company, firm, partnership, or individual). All expenses for responses to this RFQ are to be borne by the Respondent. Peach County reserves the right to retain all responses submitted.

Two (2) bound paper copies and Five (5) CDs with an electronic computer file of the complete response in Adobe PDF format shall be submitted in one sealed package, clearly marked on the outside "RFQ # 16-011 *Anna Lumpkin Auditorium Audio-Video Consulting and Design, 700 Spruce Street, Fort Valley, GA 31030*" and addressed to:

Peach County Board of Commissioners
Purchasing Department
Attn: Clarice Davis
213 Persons Street
Fort Valley, Georgia 31030

All terms stated in the responses to this RFQ shall remain valid for a period of not less than Ninety (90) days from the date of the RFQ opening.

Any respondent that fails to provide required information outlined below and elsewhere in the RFQ may have its response rejected for being non-responsive.

QUALIFICATIONS OF RESPONDENTS:

In evaluating responses, the County may seek additional information from any respondent regarding its qualifications to perform the expected services.

1. The respondent's representative shall be one who has extensive experience in the design of electronic audio and video systems, installation of electronic audio and video systems, auditorium and room acoustics, retrofitting of older existing auditoriums to improve acoustic quality, musical and voice acoustics, and acoustic surfaces.
2. The respondent shall be one that has extensive experience providing consulting services, design services, plan and specification preparation, and installation inspection services associated with the design of electronic audio and video systems, installation of

electronic audio and video systems, auditorium and room acoustics, retrofitting of older existing auditoriums to improve acoustic quality, musical and voice acoustics, and acoustic surfaces.

3. Respondents must have a current business license and provide a copy of that license with the submittal of its response.
4. Responses from any respondent that is in default on the payment of any taxes, license fees, or other monies due to Peach County will not be considered.
5. Respondents must certify that they comply with Title VI of the Civil Rights Act of 1964, the Anti-Kickback Act, the Contract Work Hour Standard Act, and the National Occupational Safety and Health Act of 1970.
6. Respondents must certify that they do not and will not maintain or provide for their employees any facilities that are segregated on a basis of race, color, creed, or national origin.

PROPRIETARY INFORMATION

Careful consideration should be given before submitting confidential information to Peach County. The Georgia Open Records Act permits public scrutiny of most materials collected as part of this process. Please clearly mark any information that is considered a trade secret, as defined by the Georgia Trade Secrets Act of 1990, O.C.G.A. §10-1-760 et seq., as trade secrets are exempt from disclosure under the Open Records Act. Peach County does not guarantee the confidentiality of any information not clearly marked as a trade secret.

RESPONSE CRITERION:

The information provided in this section is intended to assist the respondent regarding the various criteria required to allow the County to evaluate each response. The following descriptions directly correspond to the factors listed in the section titled "Evaluation Methodology" on page 4 of this RFQ.

The County reserves the right to verify the accuracy of any information provided in the response. Any respondent that intentionally exaggerates, omits, or otherwise falsifies information in its response will be removed from consideration, have its prequalified status revoked, or have its contract terminated, depending upon when the offense is discovered.

1. Please provide the name, title, address, telephone No., e-mail address, and fax number of the individual(s) responsible for responding to this response.
2. Summarize or outline any similar work performed for Peach County.
3. Summarize or outline any similar work performed throughout middle Georgia and the Southeast.
4. The respondent shall provide a detailed list of available key personnel, office facilities, equipment, and other resources that will be dedicated to the fulfillment of the work described.
5. The respondent is encouraged to provide at least one (1) copy of construction plans, specifications, and/or report(s) for a completed audio/video retrofit project, in order to provide an example of the respondent's capabilities and experience.
6. The respondent shall provide a list of at least three (3) references for which audio/video work has been performed. All references shall include the person's name, position title, company/organization name, mailing address, telephone number, and e-mail address. The respondent is also encouraged to provide some indication of how the reference is familiar with the respondent's work (e.g. specific projects, contracts).
7. The respondent shall report any legal action (e.g. judgments, settlements) incurred as a result of its work within the past three (3) years. The respondent should provide a brief

description of the background and status of each legal issue. However, if the respondent has not incurred any such legal action within this period of time, the respondent should provide a statement affirming this fact.

8. The respondent shall provide a table of all labor billing rates and reimbursable expenses that are expected to be used in the execution of Potential Services. Any such cost data submitted in response to this RFQ will not be contractual, but should reflect the best estimate of the respondent's expected costs.
9. The respondent shall provide a brief overview and history of the company. If not indicated elsewhere in the response, the respondent should also provide sufficient information to answer the following questions:
 - a. How long have key personnel worked for their respective employers?
 - b. How long have key personnel worked in their respective positions/roles?
 - c. What education, training and/or experience are responsible for key personnel competency in this area?
10. Respondents shall provide insurance certificate(s) as proof that the respondent carries the minimum insurance required of all contractors doing business on site in Peach County. The following minimum limits must be met:
 - a. Worker's Compensation and Employer's Liability insurance in an amount of not less than \$500,000.00 each accident, each disease, to protect the Contractor from any liability or damages for any injuries (including death and disability) to any of its employees, volunteers, or subcontractor, including any and all liability or damage which may arise by virtue of any statute or law in force within the State of Georgia, or which may be herein after enacted.
 - b. Comprehensive General Liability insurance in an amount of not less than \$100,000,000.00 per occurrence, \$2,000,000.00 Policy Limit to protect the Contractor, its subcontractors, and the interest of the County, against any and all injuries to third parties, including bodily injury and personal injury, wherever located, resulting from any action or operation under the Contract or in connection with the contracted work. The General Liability insurance shall also include the Broad Form Property Damage Liability endorsement, in addition to coverage for explosion, collapse, and underground hazards, where required.
 - c. Business Auto Liability insurance in an amount of not less than \$100,000,000.00 per occurrence, \$2,000,000.00 Policy Limit to protect the Contractor, its subcontractors, and the interest of the County, against any and all injuries to third parties, including bodily injury and personal injury, wherever located, resulting from any action or operation of automobiles or vehicles.

EVALUATION METHODOLOGY

All complete responses will be evaluated according to the following factors:

Factor	Evaluation Weight
Relevant Work Experience	25%
Dedicated Resources	25%
Example Plans and Reports	15%
References	15%
Legal Issues	10%
Cost Data	5%
Overview and History	5%

GENERAL INFORMATION

No responses received after the deadline or at any place other than the submittal location stated in the RFQ shall be considered. No responsibility shall attach to Peach County for the premature opening of a response not properly addressed and identified.

Peach County may make such investigations deemed necessary to determine the ability of the respondent to perform the work and ensure there is no conflict of interest as it relates to the project. The respondent shall furnish to the County any additional information and financial data for the purpose as the County may request. The data may include a detailed and up-to-date list of plant equipment and materials which respondent proposes to use, indicating which portions he already possesses and a detailed description of the method and program or work to be done.

All questions or requests for additional information must be received five (5) days prior to the RFQ closing to allow ample time to post any addenda or changes if necessary. The County will provide written answers to all questions it receives, and will distribute those answers to all respondents who have received an RFQ package and submitted their contact information to the Peach County Purchasing Department and addenda posted on the Peach County Web Site.

Addendum and Supplement to Request - If it becomes necessary to revise any part of this RFQ, or if additional data are necessary to enable an exact interpretation of provisions of this RFQ, an addendum will be issued. It is the responsibility of the party submitting the proposal to ensure that they have received all addendums prior to submitting a response. **All addendums must be initialed and attached to the response.** Failure to include addendums may be ample cause for rejection of the response as non-responsive.

Miscellaneous Requirements - The County will not be responsible for any expenses incurred by the Respondent in preparing and submitting a response. All responses shall provide a straightforward, concise delineation of the Respondent's capabilities to satisfy the requirements of this RFQ. Emphasis should be on completeness and clarity of content.

SUBMISSION OF RESPONSE:

Sealed responses must be received by the Board of Commissioners Office Purchasing Department **BEFORE** 2:30 p.m. December 29, 2015. Responses may be mailed or hand delivered to the Peach County Board of Commissioners Office, Purchasing Department, Attn. Clarice Davis, 213 Persons Street, Fort Valley, Georgia 31030.

WITHDRAWAL OF RESPONSE:

A respondent may withdraw its response before the deadline, without prejudice to the respondent, by submitting a written request of withdrawal to the Peach County Purchasing Office.

REJECTION OF RESPONSE:

The Peach County Board of Commissioners (BOC) may reject any and all responses, and must reject a response of any party who has been delinquent or unfaithful in any formal contract with Peach County. Also, the County reserves the right to waive any irregularities or informalities in any response in the classification procedure. Peach County shall be the sole judge as to which responses are best, and in ascertaining this, will take into consideration the business integrity, resources for performing the work, and experience in similar operations of the various respondents.

The Peach County BOC in its absolute discretion, may reject any response of a respondent that has failed, in the opinion of the Board, to complete or perform a Peach County contracted project in a timely fashion or has failed in any other way, in the opinion of the Board, to perform a prior contract in a satisfactory manner, and has directed the Peach County Purchasing Manager to emphasize this condition to potential respondents.

All responses must be received and in-hand at the deadline. Each respondent assumes the responsibility for having its response received at the designated time and place of the deadline. Responses received after the deadline may be subject to rejection without consideration, regardless of postmark. Peach County accepts no responsibility for mail delivery.

Pre-Submittal Meeting:

A pre-submittal meeting will be conducted December 18, 2015 at 1:30 p.m. at the Spruce Street Complex Anna Lumpkin Auditorium, 700 Spruce Street, Fort Valley, GA 31030. The purpose of the meeting is to visit the site of the proposed audio/video project to assist the potential respondents determine if they possess the required expertise required to meet Peach County's need and requirements.

RESPONSE FORM FOR RFQ # 16-011

Instructions: Complete all THREE parts of this bid form.

PART I: Bid Summary

Not Applicable

PART II: Addenda Acknowledgements (if applicable)

Each respondent is responsible for determining that all addenda issued by the Peach County Purchasing Department have been received before submitting a response.

Addenda	Date Received	Initials
"1"		
"2"		
"3"		
"4"		
"5"		
"6"		

PART III: Respondent Information:

Business Entity Name	
Address	
Telephone	
E-Mail	
Designated Representative's Printed Name	
Designated Representative's Signature	
Date Submitted	

REQUIRED DOCUMENTATION

The following completed documents will be required to be submitted with the response. Responses not containing the following completed documentation may be considered “non-responsive” and the BOC may choose to disqualify the respondent.

- Response Form (signed)
- Certification by Contractor, Non-Segregated Facilities (Signed and Dated)
- Certification by Contractor, Drug-Free Workplace Act (Signed and Dated)
- Non-Collusion Affidavit or Prime Contractor (Signed, notarized, and dated)
- Conflict of Interest Certification (Signed and Dated)
- Affidavit Verifying Status For County Public Benefit Application Contracts (Signed, notarized, and dated)
- Contractor Affidavit under O.C.G.A. 13-10-91(b) (1),
- W-9
- Private Employer Exemption Affidavit Pursuant To O.C.G.A. 36-60-6(d), if applicable
- Insurance Certificate(s) verifying required insurance:
 - Certificate of Liability Insurance
 - Certificate of Workers Compensation Insurance
 - Certificate of Automobile Liability Insurance

CERTIFICATION BY CONTRACTOR

Regarding: NON-SEGREGATED FACILITIES

The **Contractor** certifies that he does not, and will not, provide and maintain segregated facilities for his employees at his establishments and, further that he does not, and will not, permit his employees to perform their services at those locations, under his control, where segregated facilities are provided and maintained. Segregated facilities include, but are not necessarily limited to, drinking fountains, transportation, parking, entertainment, recreation, and housing facilities; waiting, rest, wash, dressing, and locker rooms, and time clock, **Work**, storage, restaurant, and other eating areas which are set apart in fact, or by explicit directive, habit, local custom, or otherwise, on the basis of color, creed, national origin, and race. The **Contractor** agrees that, except where he has obtained identical certifications from proposed subcontractor for specific time periods, he will obtain identical certifications from proposed subcontractor prior to the award of subcontracts exceeding \$10,000.00 which are not exempt from the provisions of the Equal Opportunity clause, and that he will retain such certifications in his files.

The **Contractor** agrees that a breach of this certification is a violation of the Equal Opportunity clause in this Contract. The penalty for making false statements is prescribed in 18 U.S.C. 1001.

Contractor (Print)

(Signature)

Name of Signer (Print)

Title of Signer

Date

CERTIFICATION BY CONTRACTOR

Regarding: Drug-Free Workplace Act

The Contractor certifies that provisions of Sections 50-24-1 through 50-24-6 of the Official Code of Georgia annotated, relating to the “Drug-Free Workplace Act” have been, and will be, complied with in full. Including compliance by sub-contractors performing work under this agreement.

Contractor (Print)

(Signature)

Name of Signer (Print)

Title of Signer

Date

NON-COLLUSION AFFIDAVIT OF PRIME CONTRACTOR

State of _____), County of _____)

_____, being first duly sworn, deposes and says that:

1. He/She is _____ (Owner, Partner, Officer, Representative, or Agent) of the **Contractor** that has submitted the attached **Proposal**;
2. He/She is fully informed respecting the preparation and contents of the attached **Proposal** and of all pertinent circumstances respecting such **Proposal**;
3. Such **proposal** is genuine and is not a collusive or sham **Proposal**;
4. Neither the said **Contractor** nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other **Contractor**, firm or person to submit a collusive or sham **Proposal** in connection with the Contract for which the attached **Proposal** has been submitted to or refrain from Proposing in connection with such Contract, or has in any collusion or communication or conference with any other **Contractor**, firm or person to fix the price or prices in the attached **Proposal** or of any other **Contractor**, or to fix any overhead, profit or cost element of the **Proposal** price or the **Proposal** price of any other **Contractor**, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against Peach County or any person interested in the proposed Contract; and,
5. The price or prices quoted in the attached **Proposal** are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the **Contractor** or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) _____

Name _____ (Print)

Title _____ (Print)

Subscribed and sworn to before me

This _____ day of _____ 20__

(SEAL)

Title

CONFLICT OF INTEREST CERTIFICATION

By signing and submitting this Proposal I hereby certify that employees of this company or employees of any company supplying material or subcontracting to do **Work** on this Contract will not engage in business ventures with employees of Peach County or Peach County Consultants nor shall they provide gifts, gratuities, favors, entertainment, loans, or other items of value to employees of Peach County.

Also, by signing and submitting this Contract, I hereby certify that I will notify Peach County through its Director of Public Works of any business ventures entered into between employees of this company or employees of any company supplying material or subcontracting to do **Work** on this Contract with a family member of Peach County employees.

Contractor

(Signature)

Name of Signer

Title of Signer

Date



Affidavit Verifying Status For County Public Benefit Application Contracts

Peach County Georgia is authorized to enter into contracts pursuant to & GA. Const. Art. IX, § III Par I; O.C.G.A § 36-10-1 through §36-10-2.2; O.C.G.A § 36-60-14; O.C.G.A § 36-91-1. Prior to entering into a contract with the Peach County Board of Commissioners, by executing this affidavit under oath, I, _____,

Am stating that:

1.) _____ I am a United States citizen

OR

2.) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Employee: Date

Printed Name:

* _____
*Alien Registration number for non-citizens

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

Notary Public
My Commission Expires: _____

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended provide their alien registration number. Because Legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned 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 (name of public employer) 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 will continue to use the federal work authorization program throughout the contract period and the undersigned contractor 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 hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

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

Executed on _____, ____, 201__ 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 _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

Form **W-9**
 (Rev. December 2011)
 Department of the Treasury
 Internal Revenue Service

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the
 requester. Do not
 send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Exempt payee

Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.) Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

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Employer identification number

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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ _____ Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize 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. § 13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

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

Executed on _____, _____, 201__ 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 _____ DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires: _____