

**BOARD OF COMMISSIONERS**  
Meetings Second Tuesday

MARTIN H. MOSELEY, JR.  
Chairman

SHANITA BRYANT

BETTY C. HILL

ROY LEWIS

WADE YODER

MICHAELA JONES  
County Administrator

APRIL H. HODGES  
County Clerk

# Peach County

213 Persons Street  
Fort Valley, Georgia 31030  
Phone 478-825-2535  
Fax 478-825-2678

**COUNTY OFFICIALS**

KIM WILSON  
Probate Judge

JOE WILDER  
Clerk of Superior Court

TERRY DEESE  
Sheriff

W. L. BROWN  
Tax Commissioner

KERRY ROOKS  
Coroner

LAURENS C. LEE  
Magistrate

## RFB 20-005 AMBULANCE – EMS DEPARTMENT

JAN 8<sup>TH</sup>, 2020

The Peach County Board of Commissioners is soliciting sealed bids to purchase of a new ambulance 2020 Chevrolet G4500 CUTAWAY AMBULANCE type. The ambulance engine must be for fuel gasoline type, only.

Sealed bids will be due: Monday, February 6th 2020 at 2:00 p.m.

Sealed bids will be open publicly at the Board of Commissioners Meeting Room on Monday, February 6th 2020 at 2:30 p.m.

Sealed Bids should be submitted to:

Peach County Board of Commissioners / Purchasing Department  
213 Persons Street  
Fort Valley, GA. 31030  
Attention to: Daniel G. Flores – Purchasing Manager

Bids must be delivered in person, by carrier, or by mail. It is the sole responsibility of the bidder to see that his/her bid is received in proper time.

No late bids will be considered. Bids should be submitted with the original document and 1 copy. The sealed envelope must have written:

RFB 20-005 Ambulance – EMS Department, and the name of the bidder.

Specifications and bid documents are available on the following websites:

1. Peach County website: <https://www.peachcounty.net/purchasing.cfm>,  
and click on **View Bid Opportunities**.

2. Georgia / Department of Administrative Services / State Purchasing Division /  
Georgia Procurement Registry (Team Georgia Marketplace)  
[https://ssl.doas.state.ga.us/PRSapp/PR\\_index.jsp](https://ssl.doas.state.ga.us/PRSapp/PR_index.jsp)

\*Questions regarding this solicitation must be in writing and sent to Daniel G. Flores at [daniel-garciaflores@peachcounty.net](mailto:daniel-garciaflores@peachcounty.net).

\*For more information about this solicitation, please call Daniel G. Flores at 478-827-3150

# PEACH COUNTY EMS AMBULANCE SPEC SHEET

**Vehicle & Chassis Type: III 14'- Chevrolet-G4500- Gas**

STANDARD BASE UPLIFT CONVERSION w OPTION CHOICES
<b>CHASSIS ADD-ON</b>
Mud Flaps- DRW- No Logo
Running Boards- 2 Door
Spare Tire
Wheel Inserts- Phoenix
<b>MODULAR BODY</b>
All Aluminum Modular Body – Base 14' (MB/BC.E)
Aluminum Thresholds Exterior Compartments
Body to Chassis Mounting
Fenderette-Aluminum
Flooring- Coosa Composite Sub Flooring ILO Wood
Insulation Pkg- Poly Fiber
Scorpion Finish – All Compartments
Splash Fill Guard: Polished Aluminum
Window Curb Side Door- Sliding- Dark Tint- 18''x 24'' EA
Window Rear Door- Fixed- Dark Tint – 14'' x 24'' EA
<b>PATIENT COMPARTMENT CABINET &amp; HARDWARE</b>
Cabinets-(14') ¾ Inch Plywood
Cabinet Over Rear Door
Cabinet Over Squad Bench
Countertops: (2) Solid Surface Staron- White
Assist Handicap Entry Door Handles "V" Style
Attendant Seat- Child Safety with Swivel Base- Wise

<b>Cot System- Provided by buyer</b>			
Cot Fastener System- Stryker Load Management System			
Emergency Release Latch's on Entry Doors			
Fire Extinguisher #5			
Flooring: Lonplate II- Gray- Rolled 3"			
Formica- Gray			
Glove Box Over Curbside Entry Door			
Grab Rail (2)- Ceiling 72" Stainless Steel (1 Above Cpr Seat/ 1 Above Squad Bench)			
Safety Grb Handle on Entry Doors			
Safety Netting- Head of Squad Bench			
Upholstery- Vacuum Formed – Blue			
<b>Medical – Oxygen Equipment – Section 4.0 &amp; 5.0</b>			
IV Hangers Recessed – Standard Is 2	Qty Needed:	2	
O2 Wrench Mounted			
Oxygen Bracket- Zico M Cylinder			
Oxygen Outlets – Standard Is 3	Qty Needed:	3	
Rico Suction / Suction Aspirator			
Vacuum Outlet – Standard is 1	Qty Needed:	1	
Vacuum Pump			
<b>Environmental Systems / Section 6.0</b>			
AC/Heat- Hoseline Ducted System 12 VDC W B.M.C.			
Exhaust Fan / Vent			
<b>Electrical / Section 7.0</b>			
Antenna Coax – Standard Is 2	Qty Needed:	2	
Additional Batteries	Qty Needed:	0	
Back Up Alarm			
Exterior Back Up Camera With 7" Monitor			
Clock: Intelitec Digital			
Console, Front – Scorpion Coated Gray			
Electrical System – 12V Rctronics			
Inverter Pre Wire			
Inverter			
Pre- Wire 12 V Radio (2)			
Power Locks – None on Exterior Compartment			
Shoreline: 20 Amp Auto Eject			
Siren- Whelen 2955LSA1			

Siren Speakers, Recessed Front Bumper Cast			
Timer Inside Patient Compartment			
12V Outlets – Standard Is 3	Qty Needed:	3	
110V GFI Duplex Outlets Lighted – Standard Is 3	Qty Needed:	6	
USB Outlets – Standard is 2	Qty Needed:	2	
Wire Engine Block Heater- Shoreline Supplied & Switched			
<b>Lighting (Emergency) / Section 8.0</b>			
OS Lights- Entry Doors			
Whelen ION LED W/ Bezels - Grille	Qty Needed:	4	
Whelen ION LED W/ Flanges - Front Intersection - R	Qty Needed:	2	
Option – Whelen 900 LED W/Flanges- Front	Qty Needed:	7	
Option – Whelen 900 LED W/Flanges- Rear -R/A/R	Qty Needed:	3	
Option – Whelen 900 LED W/Flanges- Rear Window Level-R	Qty Needed:	2	
Option – Whelen 900 LED W/Flanges-Side- R	Qty Needed:	4	
<b>Lighting (Non- Emergency) / Section 8.0</b>			
Action Area- Standard Is 2	Qty Needed:	2	
Compartment Light- Single Six (6) Led Strip Light			
Dome Lights- Whelen LED			
ICC Marker Lights- LED			
Option- Scene Lights: (6) Whelen 900 LED W/Flanges			
Spotlight: Handheld			
Stepwell Light LED			
Option-S-T-T Lights - Whelen 600 / Arrow Turn / Led Reverse / Docking Lights			
Tag Light – LED			
<b>Decals – Graphics – Lettering / Section 9.0</b>			
Module Paint Color: White color, French blue			
Lettering & Graphics			
SOL Decals			
All Modular Door Panels- Chevrons			
<b>Adjustments to Standard:</b>			
Slide Out Drawer in ALS with standard lock			
Yellow and Black Grip Tape at Entry Doors			
Flip Down CPR Seat			
Emergency Release Latches on Doors			
Plexiglass to Have Lockout Option on Cabinets			
Custom Roll Out Drawer			
Sharpes Container Standard			

LED Light at the Top of the Compartment of L1
Move Divider in L1 Closer to O2 Tank
Gas Only Label Over Fuel Fill
Put Filters in Vents on Exterior Compartment to Combat Dust
R2 Compartment (ADD)
Sturdier Lock on Drug Box Drawer
Master Battery Cutoff Switch on Console
Dry Erase Board A.A. Wall
Rear Chevrons

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Greetings Prospective Vendor,

Georgia law has made it mandatory that all private employers enroll in and use the federal E-Verify system, not only public contractors (including subcontractors and sub-subcontractors) providing labor to public projects, but also those companies providing services of any kind over \$2,499.99 in value, regardless of the number of employees a contractor has. This expands the E-Verify requirement to lots of small businesses that have contracts to perform labor or services with our county. A contractor or subcontractor may be exempt from this requirement if the contractor or sub-contractor has NO employees and does not hire nor intend to hire employees for the purpose of completing any part of the public contract.

E-Verify is a federal database that can be used to verify that an employee is authorized to work in the United States. The SAVE (Systematic Alien Verification for Entitlements Affidavit) program determines that immigration status of any person that receives a public benefit. The State of Georgia has determined that a public benefit is any contract, business license, occupational tax certificate, alcohol license, taxi permit, pawnbroker's license, billiard room license, precious metals/gems dealer's license, flea market license or insurance company license.

In keeping with compliance, we ask that you provide the following forms to do business with our agency:

- New Vendor Information Sheet (ALL CONTRACTORS SUBMIT THIS FORM)
- Form W-9 (Taxpayer Identification Number) (ALL CONTRACTORS SUBMIT THIS FORM)
- E-Verify Affidavit (ANY CONTRACTOR PROVIDING GOODS AND LABOR/SERVICE)
- SAVE Affidavit (ANY CONTRACTOR RECEIVING PUBLIC BENEFIT OR THAT PROVIDES GOODS)
- Subcontractor Affidavit (ANY SUBCONTRACTOR PROVIDING GOODS AND LABOR/SERVICES)
- Certificate of Liability Insurance (ANY CONTRACTOR WHO DOES WORK ON OUR PROPERTY)
  - o Minimum Liability Insurance: \$2,000,000 aggregate, \$1,000,000 per occurrence
  - o Minimum Automobile Liability Insurance: \$2,000,000 aggregate, \$1,000,000 per occurrence
  - o Minimum Workers Compensation Insurance: \$500,000
- Sole Proprietor Contractor Affidavit (ONLY USE IF YOU HAVE NO EMPLOYEES)
- Photo Identification (PROVIDE ONLY IF A SOLE PROPRIETOR. SEE ATTACHED LIST OF ACCEPTABLE DOCUMENTS)
- Private Employer Exemption (USE ONLY IF SOLE PROPRIETOR)

Please note that some of the forms require notarization and will be considered incomplete and not processed. You may return the forms properly completed by fax, e-mail, US Postal Service or drop it off at our office: Peach County Board of Commissioners, Purchasing Department, 213 Persons Street, Fort Valley, GA 31030. If you need to register for the E-Verify program, go to [www.uscis.gov](http://www.uscis.gov) and follow the instructions. If you have any questions about E-Verify or any of these forms, please call the office.

Peach County Accounting Department

# NEW VENDOR INFORMATION

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF BUSINESS: *(CIRCLE ONE)* CORPORATION PARTNERSHIP SOLE PROPRIETOR

Have you done business with Peach County in the past? *(circle one)* YES NO

Do you participate in the E-Verify Program? *(circle one)* YES NO

Do you have a Federal Tax ID number? *(circle one)* YES NO

***The information contained in this document is true to the best of my knowledge and I understand that giving false, misleading or deceptive information is considered unlawful and may be punishable by penalties of prosecution based on Georgia law.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

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

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
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)	

<b>Part I Taxpayer Identification Number (TIN)</b> 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 <i>How to get a TIN</i> on page 3.  Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="10" style="text-align: center;">- -</td> </tr> <tr> <td colspan="10" style="text-align: center;"> </td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="10" style="text-align: center;">- - - - -</td> </tr> <tr> <td colspan="10" style="text-align: center;"> </td> </tr> </table>	Social security number																				- -																				Employer identification number																				- - - - -																			
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<b>Part II Certification</b> Under penalties of perjury, I certify that: 1. 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 2. 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 3. I am a U.S. citizen or other U.S. person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.  <b>Certification instructions.</b> 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 3.
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<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

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

**Future developments.** The IRS has created a page on [irs.gov](http://irs.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### 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, payments made to you in settlement of payment card and third party network transactions, 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT (OCGA 13-10-91)

CONTRACTOR E-VERIFY AFFIDAVIT

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 PEACH COUNTY BOARD OF COMMISSIONERS 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 OCGA § 13-10-91. Furthermore, the undersigned contractor will continue to use E-Verify 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 OCGA § 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

(4-6 digit number can be found on MOU)

Date of Authorization

Name of Contractor

Name of Project

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:

SAVE (SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS) PROGRAM AFFIDAVIT  
(O.C.G.A §50-36-1(E)(2))

AFFIDAVIT VERIFYING STATUS FOR PUBLIC BENEFIT APPLICATION CONTRACTS

Peach County, Georgia is authorized to enter into contracts pursuant to GA. Const. Art. IX, § III Par I; OCGA § 36-10-1 through §36-10-2.2; OCGA § 36-60-14; OCGA § 36-91-1. Prior to entering into a contract with the PEACH COUNTY BOARD OF COMMISSIONERS, by executing this affidavit under oath, I, \_\_\_\_\_, on behalf of \_\_\_\_\_,

Am Stating that:

1.) \_\_\_\_\_ I am a United States citizen.

OR

2.) \_\_\_\_\_ I am a legal permanent resident of the United States.

OR

3.) \_\_\_\_\_ I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one (1) secure and verifiable document as verification, as required by OCGA § 50-30-1(e)(1), with this affidavit. 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)*

\_\_\_\_\_  
Type of secure and verifiable document provided  
*(i.e., driver's license, passport, etc.)*

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT (OCGA 13-10-91)

SUBCONTRACTOR E-VERIFY AFFIDAVIT

SUBCONTRACTOR'S NAME: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_

By executing this affidavit, the undersigned Subcontractor verifies its compliance with OCGA § 13-10-91, stating affirmatively that the Subcontractor which is engaged in the physical performance of services under a contract with the Contractor identified above on behalf of PEACH COUNTY BOARD OF COMMISSIONERS has registered with and is participating in the E-Verify program in accordance with the applicability provisions and deadlines established in OCGA 13-10-91.

Federal Work Authorization User Identification Number \_\_\_\_\_  
(A 6-digit number can be found on MOW)

Date of Authorization \_\_\_\_\_

Name of Project \_\_\_\_\_

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: \_\_\_\_\_

SOLE PROPRIETOR EXEMPTION AFFIDAVIT

The undersigned sole proprietor of \_\_\_\_\_ verifies that they are exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation has no employees other than themselves and 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.

In making this 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.

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

Type of secure and verifiable document provided  
*(attach copy i.e., driver's license, passport, etc.)*

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_\_

NOTARY PUBLIC  
My Commission Expires:

**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 has NO employees that you are the sole proprietor of \_\_\_\_\_ and are 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. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.  
Executed on \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Printed Name of Exempt Private Employer

\_\_\_\_\_  
Signature of Exempt Private Employer or Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

\* This affidavit is for submissions made on or after to July 1, 2013.

## Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2012 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIRREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

Any secure and verifiable document presented must not be expired. If expiration occurs during contract/benefit period, a current document must be presented to maintain compliance.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Island, American Samoa, or the Swan Islands, provided that it contains a photograph of the bearer and his sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Island, American Samoa, or the Swan Islands, provided that it contains a photograph of the bearer or his sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or his sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: [http://www.bia.gov/WhoWeAre/BIA \(15 Tribal Government Services Tribal Government Services\)](http://www.bia.gov/WhoWeAre/BIA%20TribalGovernmentServices/TribalGovernmentServices) [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Coast Guard [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3), 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3), 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3), 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3), 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3), 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3), 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3), 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3), 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3), 6 CFR § 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]