



**IMMIGRATION AND SECURITY FORM**  
**Contractors and Individuals Performing Services for**  
**Walker County Board of Education**

Any contractor who contracts with Walker County Board of Education for the performance of services in which the fee for services or labor exceeds \$2,499.99 must comply with the Federal work authorization program by signing and submitting an E-Verify Contractor Affidavit to Walker County Board of Education unless:

1. the contractor has no employees and no intent to hire employees in which case the contractor must present an approved state-issued identification card or driver's license. The driver's license or identification card is acceptable only if it is issued by a state that verifies lawful immigration status prior to issuance; or
2. the contract is with an individual licensed under Title 26, Title 43 or the State Bar of Georgia who is in good standing and is performing the service. Subcontractors are held to the same requirement. A copy of the Georgia License issued under Title 26, Title 43 or the State Bar of Georgia must be submitted with this form.

In order to insure compliance with the Immigration Reform and Control Act of 1986 (IRCA), Pub.L. 99-603 and the Georgia Security and Immigration Compliance Act O.C.G.A. § 13-10-90 et. seq., Contractor must certify compliance by initialing one of the sections below:

\_\_\_\_ The Contractor has employees and has attached completed Contractor Affidavit (Form A). Subcontractor Affidavit (Form B) and Sub-subcontractor Affidavit (Form C) are also attached if applicable. W-9 Request for Taxpayer Identification Number is also attached.

\_\_\_\_ The Contractor has no employees and has attached a copy of a valid driver's license or other approved state-issued identification card. W-9 Request for Taxpayer Identification Number is also attached.

\_\_\_\_ The Contractor is an individual licensed under Title 26, Title 43 or the State Bar of Georgia who is in good standing and is performing the service. Copy of Georgia license is attached. W-9 Request for Taxpayer Identification Number is also attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

By signing above, you are certifying that the representations made herein are true and correct.

Firm Name: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sworn to and subscribed before me

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public