

Exhibit B

CONTRACTOR'S E-VERIFY REGISTRATION CERTIFICATION

I, John Hofstad, am the owner or authorized representative of the business entity shown below. I hereby acknowledge on behalf of my business or business entity that I am aware of the requirement in sections 448.09 and 448.095, Florida Statutes, that every public employer, contractor, and subcontractor shall register with and use the E-Verify system to verify the work authorization status of all newly hired employees.

Business or Business Entity Legal Name:	Okaloosa County Board of Commissioners
Business or Business Entity Legal Address:	302 N. Wilson Street
	Suite 302
	Crestview Florida 32536
Business or Business Entity Taxpayer Identification Number:	59 - 6000765

I hereby certify that my business:

<input type="checkbox"/>	Is not engaged as an "employer" who hires individuals as an "employee" to perform labor or services in exchange for a salary, wages or other remuneration requiring the completion and submission of the U.S. Citizenship and Immigration Services Form I-9, "Employment Eligibility Verification", does not pay employee salaries or wages, does not collect federal withholding taxes from any salaries or wages and submit them to the Internal Revenue Service, has no power to dictate or control an individual's work duties and obligations, and does not supervise employees of subcontractors.
<input type="checkbox"/>	Is organized outside the United States and its territories and does not have any physical locations within the United States, and is not considered an "employer", as described in the paragraph above.
<input type="checkbox"/>	Does not have more than five (5) employees at any given time and does not hire more than five (5) employees in a calendar year.

For the reasons stated above, my business or business entity is not eligible to register with and cannot use the Department of Homeland Security E-Verify System.

By signing this certification, I agree not to hire employees who are not authorized to be employed in the United States pursuant to 8 U.S.C. s. 1324a(h)(3) at the time of employment or at any time throughout the term of the employment. I further acknowledge that I will notify the Contract Manager within ten (10) calendar days of any change in the business entity status as an employer or if any employees are hired. I further acknowledge that the failure to make the appropriate notifications will result in the immediate termination of my contract.

I HEREBY CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT.


 Sole Proprietor/Authorized Representative
 John Hofstad
 Printed Name