

**AFFIDAVIT IN ACCORDANCE WITH F.S 448.095(2)(b)**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

BEFORE ME, the undersigned, personally appeared \_\_\_\_\_ (Name of Person Completing this Affidavit), who, first being duly sworn, deposes and says:

1. I have personal knowledge of the facts in this Affidavit and am of legal age and of no disability and have authority to make these statements on behalf of \_\_\_\_\_ (Name of Subcontractor).
2. \_\_\_\_\_ (Name of Subcontractor) is registered with and uses the E-Verify system to verify the work authorization status of all newly hired employees.
3. \_\_\_\_\_ (Name of Subcontractor) does not employ, contract with or subcontract with an unauthorized alien.

FURTHER AFFIANT SAITH NOT.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_\_

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_, 20\_\_\_\_  
(Month) (Day) (Year)

by means of \_\_\_ physical presence, or \_\_\_ online notarization by \_\_\_\_\_ who is  
(Name of Affiant)

personally known to me or has produced \_\_\_\_\_ as identification.  
(Type of Identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)