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.

Signed: ____________________________(Signature of Notary)

SEAL OF NOTARY