## AFFIDAVIT FOR BUSINESS ENTITY/EMPLOYER/CONTRACTOR

This form with attachment is to be returned with the response to any RFP or other form of procurement and is to be completed as a condition for the award of any contract, grant, or incentive by the State of Alabama, any political subdivision thereof, or any state-funded entity to a business entity or employer that employs one or more employees.

| State of   |  |
|--|--|
| County of  |  |
| Before me, a notary public, personally appeared name) who, being duly sworn, says as follows:      |  |
| · · · · · · · · · · · · · · · · · · ·  | grant, or incentive by the State of Alabama, any aded entity to a business entity or employer that it that in my capacity as |
| (s   | state position) for  |
| employment, or continue to employ an unauthor.  I further attest that said business entity/employe | er/contractor is enrolled in the E-verify program. ING THAT BUSINESS ENTITY/EMPLOYER/  |
|  | Signature of Affiant   |
| Sworn to and subscribed before me this certify that the affiant is known (or made known to be.     | day of, 2 I vn) to me to be the identical party he or she claims   |
|  | Signature and Seal of Notary Public  |
| ATTACHMENT: VERIFICATION OF E-VER  | RIFY ENROLLEMENT.  |

THIS FORM PROVIDED FOR COMPLIANCE WITH SECTIONS 9 (a) and (b) BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT; CODE OF ALABAMA, SECTIONS 31-13-9 (a) and (b).