Florida Virtual SCHOOL

E-VERIFY CERTIFICATION AND AFFIDAVIT

1. I am over eighteen (18) years old and I have personal knowledge of the factual assertions set forth herein.

2. I am (title) _____ of ("Contractor") _____ .

3. I hereby attest that I am authorized to execute this affidavit on behalf of the above named company, its owners, directors, and officers.

4. The Contractor has contracted with or may contract with Florida Virtual School ("FLVS") (the "Agreement").

5. I hereby certify that the Contractor is registered or, if not registered, shall register with and shall use the United States Department of Homeland Security's E-Verify system to verify the work authorization status of all employees hired during the term of the Agreement and shall provide evidence thereof upon request.

6. The Contractor does not and shall not employ, contract with, or subcontract with an unauthorized alien, pursuant to section 448.095, Florida Statutes.

7. The Contractor shall require all subcontractors performing work under the Agreement to use the E-Verify system for any employees they may hire during the term of the Agreement.

8. The Contractor shall require all subcontracts performing work under the Agreement to provide an affidavit stating the subcontractor does not employ, contract with, or subcontract with an unauthorized alien, pursuant to section 448.095, Florida Statutes. The Contractor shall provide FLVS with a copy of said affidavit upon receipt and shall maintain a copy during the term of the Agreement.

CONTRACTOR NAME:

AUTHORIZED REPRESENTATIVE:

_____   _____

(Printed Name)   (Signature)

(Title)   (Date)

<u>NOTARY PUBLIC</u>

State Of: County Of:

On this _____ day of _____, 20___, before me appeared (name) _____ who is personally known to me or who has produced _____ as identification sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of firm if applicable) _____, to execute the affidavit and did so as his or her free act and deed.

Notary Public Signature:_____

Notary Name, Printed or Typed & Stamped: _____

Commission Number: _____   My Commission Expires: _____