



**Gordon County  
Purchasing Department  
Vendor Form**

Vendor Number: _____
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Vendor Company Name: \_\_\_\_\_ \*

Vendor Contact Person: \_\_\_\_\_ \*

Federal Tax ID #: \_\_\_\_\_ \*

Service Supplied: \_\_\_\_\_ \*

Remit To Address: \_\_\_\_\_ \*

\_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*

\* Website: \_\_\_\_\_ \*

\*Email Address: \_\_\_\_\_ \*

Department Requesting: \_\_\_\_\_ \*

Vendor Requested By: \_\_\_\_\_ \*

\_\_\_\_\_

***Purchasing Director's Approval***

\_\_\_\_\_

***Accounts Payable                      Date Entered***

- W9 Enclosed***
- Affidavit of Exemption ( if applicable)***
- Copy of Driver's License***
- Vendor Affidavit ( if applicable)***



**VENDOR AFFIDAVIT AND AGREEMENT**

**under O.C.G.A. § 13-10-91**

By executing this affidavit, the undersigned Vendor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm, or corporation which is engaged in the physical performance of services on behalf of Gordon County Board of Commissioners has registered with, is authorized to use and uses the federal work authorization program commonly known as E-VERIFY, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-91.

Furthermore, the Vendor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof. The Vendor will notify the public employer in the event the Vendor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof. The Vendor understands that ceasing to utilize the federal work authorization program constitutes a material breach of contract. The Vendor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Vendor with the information required by O.C.G.A. § 13-10-91, known as a Subcontractor Affidavit. Vendor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the Gordon County Board of Commissioners within five (5) business days of receipt.

Vendor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Public Employer

**I hereby declare under the penalty of perjury that the foregoing is true and correct.**

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC My commission Expires:\_\_\_\_\_

**Affidavit Of Exemption under**

**O.C.G.A. § 13-10-91**

STATE OF GEORGIA

COUNTY OF \_\_\_\_\_

By executing this Affidavit, the undersigned verifies that it is exempt from compliance with O.C.G.A. §13-10-91, stating affirmatively that the individual, firm or corporation employees zero individuals, or provides goods only, or is a foreign company and the work performed will be done in a foreign country by residents of that country, or is an individual who is licensed pursuant to the Official Code of Georgia Title 26 or Title 43, or by the State Bar of Georgia; whose license is in good standing, and the contractor is the individual who will be performing the services on the contract is not required to register with and/or utilize the federal work authorization program commonly known as E-verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established by O.C.G.A. § 13-10-91.

I hereby declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Exempt Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Exempt Employer

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**THIS PART TO BE FILLED OUT BY COUNTY:**

\_\_\_\_\_  
DL info state

\_\_\_\_\_  
Expiration Date