

**NEW**  
**VENDOR**  
**PACKET**

SEND INFORMATION AND  
DOCUMENTATION TO:

Pgryczkowski@sumtercountyga.us

Please use this link to fill out the W9 form:

<https://www.irs.gov>

- Type “W9 form” in the search box
- Fill out the form
- Save and attach to the e-mail with the other required documentation

Other Business Entity documentation:

- Licenses as required by State, Federal, and Local laws or as deemed reasonably necessary which is the discretion of the County; and
- Certifications; and
- Proof of registration with the State; and
- Proof of insurance

**Georgia Security & Immigration Compliance Act**  
**Contractor Affidavit and Agreement under O.C.G.A. § 13-10-91(b)(1)**

COUNTY OF SUMTER  
STATE OF GEORGIA

By executing this affidavit, the undersigned contractor 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 **SUMTER COUNTY, a public agency or governing authority**, 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 undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Contractor \_\_\_\_\_ FEI or SSN: \_\_\_\_\_  
E-Verify: \_\_\_\_\_

Address: \_\_\_\_\_

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

Executed on \_\_\_\_\_, 20\_\_\_\_ in Americus, Georgia.

\_\_\_\_\_  
Signature of Authorized Officer or Agent (Contractor)

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent (Contractor)

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

**ACKNOWLEDGEMENT OF WORKER'S COMPENSATION**

I, \_\_\_\_\_, acknowledge the laws required for worker's compensation for my employees in the State of Georgia.

I, \_\_\_\_\_, am in full compliance with the State of Georgia laws regarding worker's compensation.

I, \_\_\_\_\_, **AM / AM NOT** (circle one) required to have worker's compensation for my employees.

I, \_\_\_\_\_, **HAVE / HAVE NOT** (circle one) attached proof of insurance for worker's compensation.

Further, Affiant sayeth not.

Under seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

BY:

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission expires: