

E-VERIFY REGISTRATION WAIVER AFFIDAVIT

I, _____, am the owner (or authorized representative) of the following business or business entity, _____. I hereby acknowledge that I am aware of the requirement in section 448.095(2)(a), Florida Statutes, that every public employer, contractor, and subcontractor shall register with and use the E-Verify system to verify the work authorization status of all newly hired employees.

I hereby certify that the following statement is true regarding why my business or business entity is not eligible to register with the Department of Homeland Security E-Verify System (*check one*):

- I am a sole proprietor doing business in Florida under my legal name with no employees and am not required to register with the State of Florida, Department of State, Division of Corporations. I will be using my personal Social Security Number as my Taxpayer Identification Number to receive payments under this contract.
- I am a sole proprietor doing business in Florida under my legal name with no employees and am not required to register with the State of Florida, Department of State, Division of Corporations. I will be using a Federal Employer Identification Number as my Taxpayer Identification Number for payments under this contract.
- I am a sole proprietor doing business in Florida under a fictitious name registered with the State of Florida, Department of State, Division of Corporations with only myself as an employee. I will be using my personal Social Security Number as my Taxpayer Identification Number to receive payments under this contract.
- I am a sole proprietor doing business in Florida under a fictitious name registered with the State of Florida, Department of State, Division of Corporations with only myself as an employee. I will be using a Federal Employer Identification Number as my Taxpayer Identification Number for payments under this contract.
- My business entity is registered as a corporation, limited liability company, partnership or general partnership with the State of Florida, Department of State, Division of Corporations, with only myself as an employee. I will be using my personal Social Security Number as my Taxpayer Identification Number for payments under this contract.
- My business entity is registered as a corporation, limited liability company, partnership or general partnership with the State of Florida, Department of State, Division of Corporations, with only myself as an employee and I will be using a Federal Employer Identification Number as my Taxpayer Identification Number for payments under this contract.
- My business entity is a corporation, limited liability company, partnership, general partnership or equivalent corporate entity, organized outside of the United States that is registered with the United States Internal Revenue Services, pursuant to I.R.C. Section 882, and the State of Florida, Department of State, Division of Corporations, pursuant to section 607.1501, Florida Statutes, and has received a Federal Tax Identification Number (TIN) and Certificate of Authority permitting business transactions

within the United States and the State of Florida. My entity has no physical locations or employees within the United States and will be using the IRS TIN for payments under this contract.

By signing this affidavit, I acknowledge that I will notify the Contract Manager within ten (10) calendar days of any change in business entity status or if any employees are hired. I further acknowledge that the failure to make the appropriate notifications will result in the immediate termination of my contract.

I HEREBY AFFIRM AND VERIFY THAT THE FOREGOING IS TRUE AND CORRECT.

Sole Proprietor/Authorized Representative

Printed Name

SWORN AND SUBSCRIBED BEFORE ME
this ____ day of _____ 2021, by
_____, who is personally known
to me.

[SIGNATURE OF INDIVIDUAL ADMINISTERING OATH]

[PRINT OR TYPE NAME OF NOTARY PUBLIC OR
INDIVIDUAL ADMINISTERING OATH PURSUANT TO
§117.10, FLA. STAT.]