Early Learning Coalition
OF PINELLAS COUNTY

AFFIDAVIT IN ACCORDANCE WITH F.S 448.095(2)(b)

STATE OF FLORIDA)
)
COUNTY OF PINELLAS)

BEFORE ME, the undersigned, personally appeared_____(Name of Person Completing this Affidavit), who, first being duly sworn, deposes and says:

1. I have personal knowledge of the facts in this Affidavit and am of legal age and of no disability and have authority to make these statements on behalf of _____(Name of Subcontractor).

2. _____(Name of Subcontractor) is registered with and uses the E-Verify system to verify the work authorization status of all newly hired employees.

3. _____(Name of Subcontractor) does not employ, contract with or subcontract with an unauthorized alien.

FURTHER AFFIANT SAITH NOT.

Signature:_____

Date:_____, 20_____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ _____, 20____
(Month) (Day) (Year)

by means of ☐ physical presence, or ☐ online notarization by _____ who is
(Name of Affiant)

personally known to me or has produced _____ as identification.
(Type of Identification)

SEAL OF NOTARY

Signed: _____
(Signature of Notary)