



## AFFIDAVIT OF COMPLIANCE WITH EMPLOYMENT ELIGIBILITY REQUIREMENTS

State of Florida

County of \_\_\_\_\_

I, \_\_\_\_\_ (the individual attesting below), being duly authorized by and on behalf of \_\_\_\_\_ (hereinafter "Network Service Provider" or "Vendor"), hereby affirms and attest under penalty of perjury as follows:

1. The Network Service Provider or Vendor does not employ, contract or have an agreement with, or subcontract or subagreement with an unauthorized alien per section 448.095, Florida Statutes.

Signature Of Affiant: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

\_\_\_\_ Affiant personally known to notary

OR

\_\_\_\_ Affiant produced identification  
Type of identification produced: \_\_\_\_\_